

**HealthPartners® Minnesota Senior Health Options (MSHO) (HMO SNP)
offered by HealthPartners**

Annual Notice of Changes for 2020

Introduction

You are currently enrolled as a member of HealthPartners MSHO. Next year, there will be some changes to the plan's benefits and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*, which will be available at a later date.



If you have questions, please call HealthPartners MSHO Member Services at 952-967-7029 or 888-820-4285. TTY users should call 711. Hours are: **Oct. 1 through March 31**, 8 a.m. to 8 p.m. CT, **seven days a week, April 1 to Sept. 30**, 8 a.m. to 8 p.m. CT **Monday - Friday**. The call is free. **For more information**, visit healthpartners.com/msho. 1

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.

HealthPartners has a Model of Care approved by the National Committee for Quality Assurance (NCQA) and Minnesota until 2020 based on a review of HealthPartners Model of Care.

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Table of Contents

A. Disclaimers	4
B. Reviewing Your Medicare and Medical Assistance (Medicaid) Coverage for Next Year	4
B1. Additional Resources	5
B2. Information about HealthPartners MSHO	5
B3. Important things to do:	5
C. Changes to the network providers and pharmacies	7
D. Changes to benefits and costs for next year	8
D1. Changes to benefits for medical services	8
D2. Changes to prescription drug coverage.....	12
D3. Stage 1: “Initial Coverage Stage”	13
D4. Stage 2: “Catastrophic Coverage Stage”	14
E. How to choose a plan	15
E1. How to stay in our plan.....	15
E2. How to change plans.....	15
F. How to get help	19
F1. Getting help from HealthPartners MSHO.....	19
F2. Getting help from the Ombudsman for Public Managed Health Care Programs	19
F3. Getting help from the State Health Insurance Assistance Program (SHIP).....	20
F4. Getting help from Medicare	20
F5. Getting help from Medical Assistance (Medicaid)	20

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A. Disclaimers

- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information call Member Services or read the Member Handbook.

B. Reviewing Your Medicare and Medical Assistance (Medicaid) Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section E2 for more information.

If you leave our plan, you will still be in the Medicare and Medical Assistance (Medicaid) programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to Section E, How to choose a plan, on page 15 to see your options).
- For Medical Assistance (Medicaid), if you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's Minnesota Senior Health Options (MSHO) enrollment.

If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.

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B1. Additional Resources

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

B2. Information about HealthPartners MSHO

- 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.
- Coverage under HealthPartners MSHO is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- HealthPartners MSHO is offered by HealthPartners. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means HealthPartners. When it says “the plan” or “our plan,” it means HealthPartners MSHO.

B3. Important things to do:

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in sections D1 and D2 for information about benefit and cost changes for our plan.

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- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D2 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - To get additional information on drug prices, visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices). (Click the "dashboards" link in the middle of the Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.)
 - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **Check to see if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including specialists you see regularly, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

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If you decide to stay with HealthPartners MSHO

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (see section E2 for more information). If you enroll in a new plan, you will get a notice of when your new coverage will begin. Look in section E2, page 15 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2020.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at healthpartners.com/msho. You may also call Member Services at the number at the bottom of this page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.

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D. Changes to benefits and costs for next year

D1. Changes to benefits for medical services

Please note that the *Annual Notice of Changes* only tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The following table describes these changes.

Benefit	2019 (this year)	2020 (next year)
Activity Tracker	Activity tracker is not covered.	You pay a \$0.00 copay for an activity tracker. Coverage is limited to one activity tracker per member per year.
Adult Day Services	Adult day services are not covered.	You pay a \$0.00 copay for Adult Day Services. Member must have a dementia diagnosis. Care coordinator identifies members with diagnosis and coordinates services.
Animatronic Support Pet	Animatronic support pet is not covered.	You pay a \$0.00 copay for animatronic support pet. Coverage is limited to one per member per calendar year. Member must have a dementia or major depressive disorder diagnosis. Care coordinator identifies members with diagnosis and coordinates services.
Dental – Tissue Conditioning	You pay \$0.00 for tissue conditioning.	Tissue conditioning is not covered.

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Benefit	2019 (this year)	2020 (next year)
Electric toothbrush and replacement heads	Electric toothbrush and replacement heads are not covered.	You pay a \$0.00 copay for an electric toothbrush and replacement heads. Coverage is limited to one per member per year.
Family Caregiver Services	Family Caregiver Services are not covered.	<p>You pay a \$0.00 copay for Family Caregiver Services. This includes training, education, coaching, counseling and Family Memory Care (FMC) program. Coverage for the FMC program is limited to 20 hours per member per calendar year. Training and Education is limited to 12 hours per member per calendar year. Coaching and Counseling is limited to 12 hours per member per calendar year.</p> <p>Member must have a dementia diagnosis. Care coordinator identifies members with diagnosis and coordinates services.</p>
Home Delivery Meals	Home delivery meals are not covered.	You pay a \$0.00 copay for home delivery meals immediately following surgery or an inpatient hospital stay.

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Benefit	2019 (this year)	2020 (next year)
In-Home Bathroom Safety Devices and Installation	In-home bathroom safety devices and installation are not covered.	You pay a \$0.00 copay for in-home bathroom safety devices and installation up to \$1,000.
Independent Living Skills (ILS)	Independent Living Skills (ILS) is not covered.	<p>You pay a \$0.00 copay for ILS services. These services include developing, maintaining and improving a member's community living skills such as communication, mobility, interpersonal skills and self-care to keep the member living independently longer in a safer environment.</p> <p>Member must have a qualifying diagnosis. Care coordinator identifies members with diagnosis and coordinates services.</p>
Light Therapy Lamp	Light therapy lamp is not covered.	You pay a \$0.00 copay for a light therapy lamp. Coverage is limited to one light therapy lamp per member per year.
Pedaler	Pedaler is not covered.	You pay a \$0.00 copay for a pedaler. Coverage is limited to one pedaler per member per year.

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Benefit	2019 (this year)	2020 (next year)
Psychotherapy for Caregivers	Psychotherapy for caregivers is not covered.	You pay a \$0.00 copay for psychotherapy for caregivers. Coverage is limited to six visits per year. Member must have a dementia diagnosis. Care coordinator identifies members with diagnosis and coordinates services.
Readmission Prevention	Readmission prevention is not covered.	You pay a \$0.00 copay for readmission prevention. This includes an in-home safety assessment and medication reconciliation.
Respite Care	Respite care is not covered.	You pay a \$0.00 copay for respite care for caregivers of members diagnosed with dementia. Care coordinator identifies members with diagnosis and coordinates services.
Tints and Coatings on Eyeglasses	Tints and coatings on eyeglasses are not covered.	You pay a \$0.00 copay for tints and coatings on eyeglasses.

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Benefit	2019 (this year)	2020 (next year)
<p>Transportation for Caregivers to Members Diagnosed with Dementia to Attend Covered Support Services</p>	<p>Transportation for caregivers to members diagnosed with dementia to attend covered support services is not covered.</p>	<p>You pay a \$0.00 copay for roundtrip transportation of caregivers to members diagnosed with dementia to attend covered support services. Care coordinator identifies members with diagnosis and coordinates services.</p> <p>Transportation must be arranged through Ridecare.</p>

D2. Changes to prescription drug coverage

Changes to our Drug List

The *List of Covered Drugs* is also called the “Drug List.”

An updated *List of Covered Drugs* (Drug List) is located on our website at healthpartners.com/msho. You may also call Member Services at the number at the bottom of this page for updated drug information or to ask us to mail you a Drug List.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

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

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

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the number at the bottom of this page to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.

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- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*.)
 - When you get a temporary supply of a drug, you should talk with your health care provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Exceptions are typically approved for one year. An end date of the exception will be communicated to you in an approval letter.

There are two payment stages for your Medicare Part D prescription drug coverage under 2020 HealthPartners MSHO. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 - Initial Coverage Stage

During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.

You begin this stage when you fill your first prescription of the year.

Stage 2 - Catastrophic Coverage Stage

During this stage, the plan pays all of the costs of your drugs through December 31, 2020.

You begin this stage when you have paid a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches \$6,350. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of the *Member Handbook* for more information on how much you will pay for prescription drugs.

D3. Stage 1: “Initial Coverage Stage”

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

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We moved some of the drugs on the Drug List to a lower or higher drug cost-sharing tier level. If your drugs move from one tier level to another, this could affect your copay. To see if your drugs will be in a different cost-sharing tier level, look them up in the Drug List.

Our plan’s Drug List will have only one tier of drugs in 2020. However, what you pay for a drug on the Drug List depends on whether the drug is a generic or brand drug. These amounts apply **only** during the time when you are in the Initial Coverage Stage.

Drug Type	2019 (this year)	2020 (next year)
<p>Drugs in Tier 1 – Generic <i>(generic drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 1 - Generic that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0/\$1.25/\$3.40 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0/\$1.30/\$3.60 per prescription.</p>
<p>Drugs in Tier 1 – Brand <i>(brand name drugs)</i></p> <p>Cost for a one-month supply of a drug in Tier 1 - Brand that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0/\$3.80/\$8.50 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0/\$3.90/\$8.95 per prescription.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$6,350. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of the *Member Handbook* for more information how much you will pay for prescription drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit \$6,350 for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. You will pay nothing while you are in this stage.

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E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in our health plan. If you want to stay in our plan and you do not make a change by December 7, you will automatically stay enrolled in our plan.

E2. How to change plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

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

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

- You have moved,
- Your eligibility for Medicaid or Extra Help has changed, or
- You are getting care in a nursing home or a long-term care hospital.

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These are the four ways people can end membership in our plan:

1. You can change to:

A different Minnesota Senior Health Options (MSHO) Plan

Here is what to do:

Enroll in the new Minnesota Senior Health Options (MSHO) Plan by calling the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY) users, call 711. In Minnesota, the SHIP is called the Senior LinkAge Line®.

You will automatically be disenrolled from HealthPartners MSHO when your new plan's coverage begins.

2. You can change to:

A Medicare health plan (such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)) and stay with the current Medical Assistance (Medicaid) services.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711). In Minnesota, the SHIP is called the Senior LinkAge Line®.

You will automatically be disenrolled from HealthPartners MSHO when your new plan's coverage begins.

For Medical Assistance (Medicaid), if you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.

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3. You can change to:

Original Medicare with a separate Medicare prescription drug plan and stay with the current Medical Assistance (Medicaid) services.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/ users should call 1-877-486-2048.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711). In Minnesota, the SHIP is called the Senior LinkAge Line®.

You will automatically be disenrolled from HealthPartners MSHO when your Original Medicare coverage begins.

For Medical Assistance (Medicaid), if you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.

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4. You can change to:

Original Medicare without a separate Medicare prescription drug plan and stay with the current Medical Assistance (Medicaid) services.

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Senior LinkAge® at 1-800-333-2433 (TTY/ users call 711).

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/ users should call 1-877-486-2048.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711). In Minnesota, the SHIP is called the Senior LinkAge Line®.

You will automatically be disenrolled from HealthPartners MSHO when your Original Medicare coverage begins.

For Medical Assistance (Medicaid), if you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.

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F. How to get help

F1. Getting help from HealthPartners MSHO

Questions? We're here to help. Please call Member Services at the number at the bottom of this page.

Your 2020 Member Handbook

The *2020 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2020 Member Handbook* will be available by October 15. An up-to-date copy of the *2020 Member Handbook* is always available on our website at healthpartners.com/msho. You may also call Member Services at the number at the bottom of this page to ask us to mail you a current *Member Handbook*.

Our website

You can also visit our website at healthpartners.com/msho. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

F2. Getting help from the Ombudsman for Public Managed Health Care Programs

The Ombudsman for Public Managed Health Care Programs is an ombudsman program that can help you if you are having a problem with HealthPartners MSHO. The ombudsman's services are free. The Ombudsman for Public Managed Health Care Programs:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Ombudsman for Public Managed Health Care Programs is 1-651-431-2660 (Twin Cities metro area); 1-800-657-3729 (outside the Twin Cities metro area). TTY users call 711.

? If you have questions, please call HealthPartners MSHO Member Services at 952-967-7029 or 888-820-4285. TTY users should call 711. Hours are: **Oct. 1 through March 31**, 8 a.m. to 8 p.m. CT, **seven days a week, April 1 to Sept. 30**, 8 a.m. to 8 p.m. CT **Monday - Friday**. The call is free. **For more information**, visit healthpartners.com/msho. 19

F3. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. The services are free. In Minnesota, the SHIP is called the Senior LinkAge Line[®]. Senior LinkAge Line[®] counselors can help you understand your MSHO Plan choices and answer questions about switching plans. The Senior LinkAge Line[®] is not connected with us or with any insurance company or health plan. The phone number for the Senior LinkAge Line[®] is 1-800-333-2433 (TTY users call 711).

F4. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your MSHO Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov and click on "Find health & drug plans.")

Medicare & You 2020

You can read *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, 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.

F5. Getting help from Medical Assistance (Medicaid)

Minnesota's office of Medical Assistance (Medicaid) is the Department of Human Services. Call 1-800-657-3739 (outside Twin Cities metro area) or 1-651-431-2670 (Twin Cities metro area). TTY users should call 1-800-627-3429 or 711.

? **If you have questions**, please call HealthPartners MSHO Member Services at 952-967-7029 or 888-820-4285. TTY users should call 711. Hours are: **Oct. 1 through March 31**, 8 a.m. to 8 p.m. CT, **seven days a week, April 1 to Sept. 30**, 8 a.m. to 8 p.m. CT **Monday - Friday**. The call is free. **For more information**, visit healthpartners.com/msho. 20