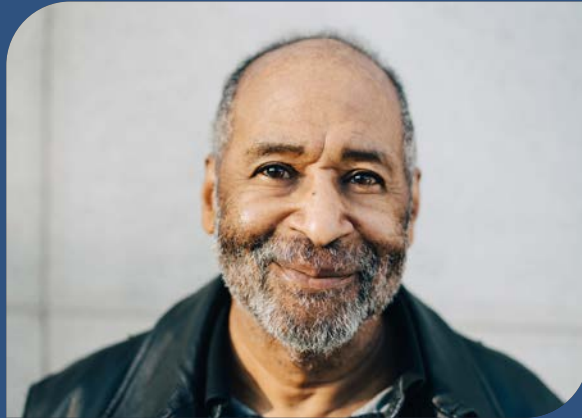


Minnesota



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# 2022 Medica DUAL Solution<sup>®</sup> (HMO D-SNP)

Minnesota Senior Health Options (MSHO)  
Dual-Eligible Special Needs Plan (D-SNP)

## AT A GLANCE

# Coverage that works for you

Combine your Medicaid (Medical Assistance) and Medicare benefits into one plan.

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\$0 premium  
\$0 medical and hospital costs  
\$0 copays for medical care  
\$0 deductibles  
\$0 to enroll



1 member identification (ID) card  
1 Medica Member Services phone number  
1 personal Care Coordinator



No cost rides to appointments:

- Medical, dental, mental health, medical equipment, substance abuse disorder
- No-cost rides to gyms

**EXTRA BENEFITS,  
NO EXTRA COST**



Expanded dental coverage



Eyewear extras



Medically tailored FOODRx program



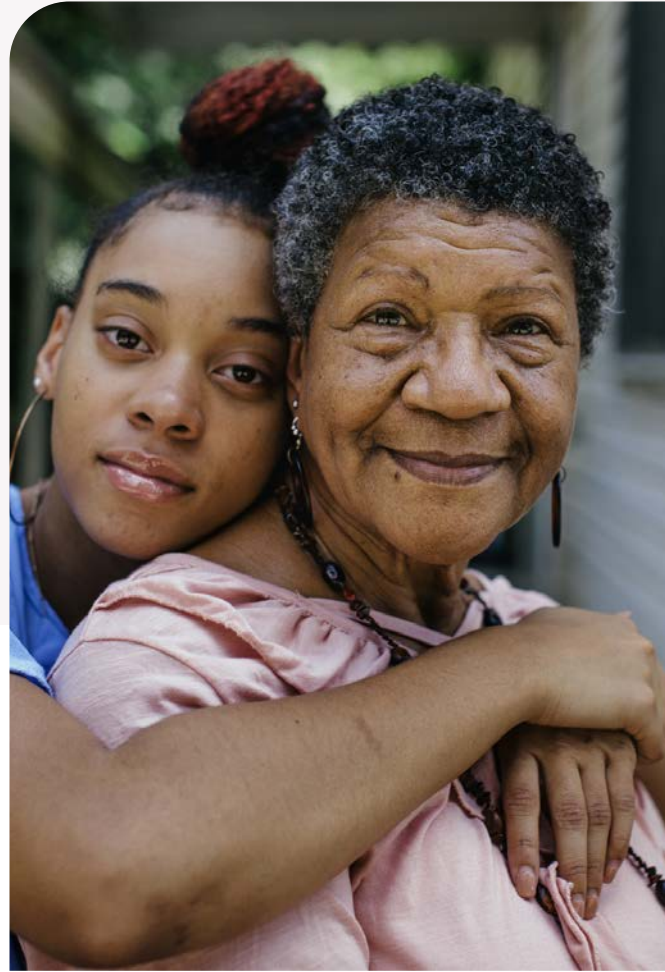
Free gym membership



eVisits through virtuwell



Memory fitness training



## MEDICA DUAL SOLUTION

# What you need to know

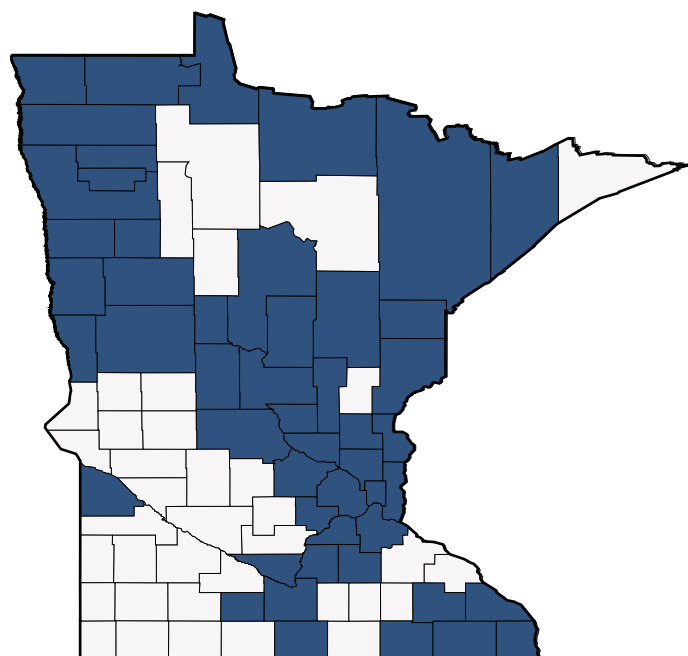
### Eligibility

You're eligible to enroll in Medica DUAL Solution if:

- You're at least 65 years old
- You have Medicare Part A and Part B
- You're eligible for Medicaid (Medical Assistance)
- You live in our 50-county service area

### Service

If you live in one of the following counties, you can enroll:



- |              |                     |              |              |
|--------------|---------------------|--------------|--------------|
| • Aitkin     | • Fillmore          | • Mille Lacs | • Roseau     |
| • Anoka      | • Hennepin          | • Morrison   | • Scott      |
| • Becker     | • Houston           | • Mower      | • Sherburne  |
| • Benton     | • Isanti            | • Nicollet   | • St. Louis  |
| • Blue Earth | • Kittson           | • Norman     | • Stearns    |
| • Carlton    | • Koochiching       | • Olmsted    | • Todd       |
| • Carver     | • Lac qui Parle     | • Otter Tail | • Wadena     |
| • Cass       | • Lake              | • Pennington | • Washington |
| • Chisago    | • Lake of the Woods | • Pine       | • Watonwan   |
| • Clay       | • Le Sueur          | • Polk       | • Wilkin     |
| • Crow Wing  | • Mahnomon          | • Ramsey     | • Winona     |
| • Dakota     | • Marshall          | • Red Lake   | • Wright     |
| • Faribault  |                     | • Rice       |              |

## Doctors, clinics, and hospitals

Our large network gives you your choice of high-quality health, dental, mental health, and specialty care providers. **No referrals needed.**

Want to know if your doctor, clinic, or hospital is in the Medica DUAL Solution network or if your medications are covered? Get answers at [Medica.com/2022DUAL](https://www.Medica.com/2022DUAL) or call us at 1 (800) 266-2157 (TTY: 711).

## Support that makes a difference



### Healthy Savings® program

- Save on healthy foods at participating grocery stores.
- The large network includes Cub, Coborn's, Festival, Hy-Vee, and more.



### Rewards for getting care

Rewards for getting preventive care and health screenings.

## CARE COORDINATOR

# Care you can count on

Your personal Care Coordinator puts you and your health first by:

- Visiting you in your home or chosen location
- Helping you make appointments and schedule rides
- Explaining plan benefits and covered services
- Helping you with health care paperwork
- Finding helpful community resources
- Arranging services such as cooking and cleaning to help you be as independent as possible\*

\*You'll need an Elderly Waiver for these services. To see if you qualify, you'll need a Long-Term Care Consultation. To learn more, talk to your county worker or call the Senior LinkAge Line at 1(800) 333-2433 (TTY: 711).

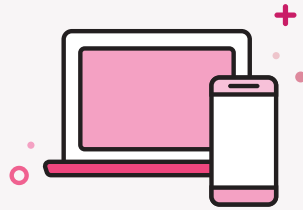




# Plan comparison

With Medica DUAL Solution, you get extra resources and support at no cost to you.

GREAT BENEFITS TO SUPPORT YOUR HEALTH	DUAL SOLUTION	MSC+
No-cost rides to medical, dental, pharmacy, medical equipment, and substance use disorder services	✓	✓
A Care Coordinator who's a registered nurse or social worker — committed to helping you achieve your health goals	✓	✓
Eyewear upgrade with anti-glare coating on one new pair of glasses from our eyewear vendor, Eye-Kraft®	✓	
Fitness program for a \$0 annual fee that includes 20,000+ fitness locations, on-demand and live-streaming fitness classes, and home kits	✓	
Extra dental benefits — two restorative dental crowns and extra preventive endodontic and periodontal care; also oral health education, help making dental appointments, and a no-cost electric toothbrush	✓	
FOODRx program for members with chronic conditions that includes medically tailored and culturally relevant staple foods, nutrition education, and community referrals to food resources	✓	
100% discount on fresh produce up to \$210 per quarter at participating grocery stores	✓	
24/7 NurseLine by Health Advocate <sup>SM</sup> to consult on your health issues, help you find care, and get at-home self-care tips	✓	
Reemo <sup>TM</sup> Health Personal Independence Smartwatch to track your activity, help monitor your health, and be your personal emergency response system for quick help, 24/7	✓	
Unlimited access to web-based memory fitness training tools	✓	
Express Scripts large network of pharmacies that can fill your prescriptions nationwide	✓	
24/7 phone support for help answering health care questions, finding a doctor, scheduling appointments, and resolving health insurance issues	✓	
Personalized health education coaching by a trained community health worker	✓	
Hospital readmission prevention with visits by a community companion to help you recover after a hospital stay	✓	
Unlimited routine foot care to help keep you moving	✓	
Companionship and help with everyday tasks through Papa Pal Home Visit program	✓	



# Ready to enroll?

There are three ways to enroll. Choose the one that works best for you:



## Over the phone

Call **1 (800) 266-2157** (TTY: **711**) for fast and easy enrollment.



## Online

Go to **Medica.com/2022DUAL**



## By mail

Fill out, sign and mail, or fax the application to the address or number listed below. If you don't have a paper application, you can find one online at [Medica.com/2022DUAL](https://www.medicare.com/2022DUAL) or request one by calling **1 (800) 266-2157**.

### MAIL

Medica DUAL Solution  
Mail Route CW140  
P.O. Box 9310  
Minneapolis, MN 55440-9310

### FAX

(952) 992-2682

## What happens after you enroll?

We'll send you:

- A letter that tells you we've received your enrollment information
- Your member ID card
- A Quick Member Reference Guide to help you make the most of your benefits
- A welcome letter and call from your Care Coordinator

**Medica Member Services**  
1 (888) 347-3630 (toll free) TTY: 711

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

የስተውሎ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎም ለምሳሌ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው ቁጥር ቁጥር ይደውሉ።

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

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

វិទ្យាស្ថានសំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

၎င်းသည် သုံးဘက်တည်း ဖန်တီးပြီး ဖတ်ရှုသူက လိုအပ်သော အချက်အလက်များကို ထပ်မံဖော်ပြနိုင်စေရန် တီထွင်ဖန်တီးခဲ့ပါသည်။

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

ໄປຮວດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໄທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

LB2 (10-20)



## CB5 (MCOs) (5-2020)

### Civil Rights Notice

**Discrimination is against the law.** Medica does not discriminate on the basis of any of the following:

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

**Auxiliary Aids and Services:** Medica provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. Contact Medica at 1-888-347-3630 (toll free); TTY: 711 or at [medica.com/contactmedicaid](http://medica.com/contactmedicaid).

**Language Assistance Services:** Medica provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact Medica at 1-888-347-3630 (toll free); TTY: 711 or at [medica.com/contactmedicaid](http://medica.com/contactmedicaid).

### Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Medica. You may contact any of the following four agencies directly to file a discrimination complaint.

#### **U.S. Department of Health and Human Services' Office for Civil Rights (OCR)**

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

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

Director  
U.S. Department of Health and Human Services' Office for Civil Rights  
200 Independence Avenue SW  
Room 515F  
HHH Building  
Washington, DC 20201  
Customer Response Center: Toll-free: 800-368-1019  
TDD: 800-537-7697  
Email: ocrmail@hhs.gov

### **Minnesota Department of Human Rights (MDHR)**

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

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

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

Minnesota Department of Human Rights  
540 Fairview Avenue North  
Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
Info.MDHR@state.mn.us (email)

### **Minnesota Department of Human Services (DHS)**

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

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

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

### **Medica Complaint Notice**

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

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

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

Medica Civil Rights Coordinator  
Medica Health Plans  
PO Box 9310, Mail Route CP250  
Minneapolis, MN 55443-9310  
952-992-3422 (voice and fax) TTY: 711  
Email: [civilrightscoordinator@medica.com](mailto:civilrightscoordinator@medica.com)

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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.



# You're not just covered, you're cared for.

## **Connect with us**

**Call** us at **1 (800) 266-2157** (TTY: **711**) Oct. 1-March 31 from 8 a.m.-8 p.m. CT, seven days a week, and April 1-Sept. 30 from 8 a.m.-8 p.m. CT, Monday-Friday.

**Email** us at **MedicaCCPSales@Medica.com**.

**Visit** us on the web at **Medica.com/2022DUAL**.

**Follow** us on social media with the handle **@Medica4Me**.



Medica DUAL Solution 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 Medica DUAL Solution depends on contract renewal.

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