

<Plan Name> (HMO SNP): **Summary of Benefits**

Instructions to Health Plans

- ❖ *[Inside the cover or on the first page, plans must include the American Indian statement. Plans should review the 2018 Medicare Marketing Guidelines and the Marketing Guidance for MSHO Plans and update disclaimers as needed. Plans may include the Marketing Material ID only on the cover page.]*
- ❖ *[The plan name and type must be clearly labeled for all plans represented in the SB document, for example, <Plan name, HMO or PPO>.]*
- ❖ *[Plans should replace the reference to “Member Services” with the term the plan uses.]*
- ❖ *[Where the template instructs inclusion of a phone number, plans must ensure it is a toll-free number and include a toll-free TTY/TDD number and days and hours of operation.]*
- ❖ *[Plans should add or delete the categories in the “Services you may need” column to match state-specific benefit requirements.]*
- ❖ *[For the “Limitations, exceptions, & benefit information” column, plans should provide specific information about need for referrals, need for prior authorization, utilization management restrictions for drugs, maximum out of pocket costs on services, permissible OON services, and applicable cost-sharing (if different than in-plan cost-sharing).]*
- ❖ *[For the “You need help living at home” category of services, indicate if services are only available to beneficiaries in a waiver program, in which case plans should indicate that state eligibility requirements may apply.]*
- ❖ *[Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to <https://www.hhs.gov/civil-rights/for-individuals/section-1557>.]*
- ❖ *[Plans may place a QR code on materials to provide an option for members to go online.]*



If you have questions, please call <plan name> Member Services at <local and/or toll-free number>, TTY/TDD <local and/or toll-free TTY/TDD number>, <days and hours of operation>. The call is free. **For more information**, visit <Internet address>.

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This is a summary of health services covered by <plan name> for <date>. Please read the [\[MSHO Plans insert: Member Handbook; SNBC Plans insert: Evidence of Coverage\]](#) for the full list of benefits. If you don't have a [\[MSHO Plans insert: Member Handbook; SNBC Plans insert: Evidence of Coverage\]](#), call <plan name> Member Services at the number at the bottom of this page to get one.

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- ❖ <Plan's legal or marketing name> 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 <plan's legal or marketing name> depends on contract renewal.
 - ❖ [\[MSHO Plans insert: <Plan's legal or marketing name> 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 \(Medicaid\).\]](#)
 - ❖ [\[SNBC Plans insert: <Plan's legal or marketing name> is for people who:](#)
 - Are at least 18 years of age and under age 65
 - Have a certified disability through Social Security Administration or the State Medical Review Team
 - Live in the service area
 - Have Medicare Parts A and B and Medical Assistance (Medicaid)]
 - ❖ Under <plan name> you can get your Medicare and Medical Assistance (Medicaid) services in one health plan. A <plan name> care coordinator will help manage your health care needs. [\[Plans should change "care coordinator" to the term used by the state and/or plan.\]](#)
 - ❖ Limitations [\[, copayments/copays,\]](#) and restrictions may apply. For more information, call Member Services or read the [\[MSHO Plans insert: Member Handbook; SNBC Plans insert: Evidence of Coverage\]](#).
 - ❖ The List of Covered Drugs [\[SNBC Plans may change "List of Covered Drugs" to the term used by the plan\]](#) and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
 - ❖ Benefits [\[and/or copayments/copays\]](#) may change on January 1 of each year.



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- ❖ *[Insert this statement if the plan charges copayments/copays: <Copayments/Copays> for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.]*
- ❖ 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 (<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 (651)431-2670 or toll-free at 1-800-657-3739. TTY users should call 1-800-627-3529.
- ❖ If you speak *[insert language of the disclaimer]*, language assistance services, free of charge, are available to you. Call <plan name> Member Services at the number at the bottom of this page. The call is free. *[This disclaimer must be included in all non-English languages that meet the Medicare and/or state thresholds for translation. If the plan doesn't meet either the Medicare or state thresholds for translation of written materials, the disclaimer should not be included.]*
- ❖ You can get this document for free *[Plans must insert if they are required to provide materials in any non-English languages: in languages other than English and]* in other formats, such as large print, braille, or audio. Call Member Services at the number at the bottom of this page. *[Plans must specifically state which languages are offered. Plans must also describe how members can make a standing request to get this document, now and in the future, in a language other than English or in an alternate format.]*



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The following chart lists frequently asked questions.

[Plans may add a maximum of two additional FAQs to this section. For example, plans may add an FAQ giving additional information about their specific plan or describing their model of care. Answers must be kept brief, consistent with the pre-populated responses in the template.]

Frequently Asked Questions (FAQ)	Answers
<p><i>[MSHO Plans insert: <What is a Minnesota Senior Health Options (MSHO) plan?>]</i></p> <p><i>[SNBC Plans insert: <What is a Special Needs BasicCare (SNBC) plan?>]</i></p>	<p>Our plan is part of the <i>[insert as applicable: Minnesota Senior Health Options (MSHO) or Special Needs BasicCare (SNBC)]</i> program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for <i>[MSHO Plans insert: seniors; SNBC Plans insert: people with disabilities ages 18 through 64]</i>. Our plan combines your Medicare and Medical Assistance (Medicaid) services. It combines your doctors, hospital, pharmacies, home <i>[SNBC Plans insert: health]</i> 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. <i>[Plans should change “care coordinator” to the term used by the plan.]</i></p> <p><i>[MSHO Plans insert: Our MSHO program is called <plan name of MSHO products>.]</i></p> <p><i>[SNBC Plans insert: Our SNBC program is called <plan name of SNBC products>.]</i></p>
<p>What is a care coordinator?</p>	<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. <i>[Plans should change “care coordinator” to the term used by the plan.]</i></p>
<p><i>[MSHO Plans insert: What are long-term services and supports?]</i></p> <p><i>[SNBC Plans delete this row.]</i></p>	<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>



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Frequently Asked Questions (FAQ)	Answers
Will you get the same Medicare and Medical Assistance (Medicaid) benefits in <plan name> that you get now?	<p>If you are coming to <plan name> 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 <plan name>. You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in <plan name>, 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 <plan name> does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for <plan name> to cover your drug, if medically necessary. For more information, call Member Services.</p>
Can you go to the same health care providers you see now?	<p>That is often the case. If your providers (including doctors and pharmacies) work with <plan name> 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 <plan name>’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of <plan name>’s network. You may also use out-of-network providers <i>[insert if applicable: for open access services and in cases]</i> when <plan name> authorizes the use of out-of-network providers. <i>[Plans may insert additional exceptions as appropriate.]</i></p> <p>To find out if your providers are in the plan’s network, call Member Services or read <plan name>’s Provider and Pharmacy Directory. You can also visit our website at <website address> for the most current listing.</p> <p>If <plan name> 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>
What happens if you need a service but no one in <plan name>’s network can provide it?	<p>Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, <plan name> will pay for the cost of an out-of-network provider.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Where is <plan name> available?</p>	<p>The service area for this plan includes the following counties in Minnesota: <i>[Plans should enter counties]</i>. You must live in one of these counties to join the plan. Call Member Services for more information about whether the plan is available where you live.</p>
<p>What is <i>[insert if applicable: service authorization or]</i> prior authorization?</p>	<p><i>[Insert if applicable: Service authorization or]</i> Prior authorization means that you must get approval from <plan name> before you can get a specific service or drug or see an out-of-network provider. <Plan name> 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>
<p>What is a referral?</p> <p><i>[If a plan does not require referrals for any of its services, the plan may delete this question.]</i></p>	<p>A referral means getting approval from your primary care provider before you see a specialist. <i>[Insert if applicable: Our plan is a direct access plan. This means you do not need to get a referral or plan approval to see network providers, including specialists.]</i> <i>[Insert if applicable: If you don't get approval, <plan name> may not cover the services. There are certain specialists for whom you do not need a referral, such as women health specialists. For more information on when a referral is necessary, call Member Services or read the <i>[MSHO Plans insert: Member Handbook; SNBC Plans insert: Evidence of Coverage]</i>.]</i></p>
<p>What is Extra Help?</p> <p><i>[If a plan is electing to reduce Part D copays to \$0, the plan may delete this question.]</i></p>	<p>Extra Help is a Medicare program that helps you pay for your prescription drug program costs such as <copayments/copays>. Your prescription drug <copayments/copays> under <plan name> already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. These calls are free.</p>



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Frequently Asked Questions (FAQ)	Answers
Do you pay a monthly amount (also called a premium) as a member of <plan name>?	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. <i>[If a plan has a monthly premium that was approved by the Centers for Medicare & Medicaid Services and the state, the plan should discuss it here.]</i>
Do you pay a deductible as a member of <plan name>?	No. You do not pay deductibles in <plan name>.
What is the maximum out-of-pocket amount that you will pay for medical services as a member of <plan name>?	There is no cost-sharing for medical services in <plan name>, so your annual out-of-pocket costs will be \$0.



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<Plan Name> (HMO SNP): Summary of Benefits

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 <i>[This category includes examples of services that beneficiaries may need. The health plan should add or delete any services based on the services covered by the state.]</i>	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits) <i>[Plans should provide specific information about: need for referrals, need for prior authorization, utilization management restrictions for drugs, maximum out of pocket costs on services, and permissible OON services and applicable cost-sharing (if different than in-network cost-sharing).]</i>
You need hospital care	Hospital stay	[\$0]	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Doctor or surgeon care	[\$0]	
You want to see a health care provider	Visits to treat an injury or illness	[\$0] <i>[Plans should insert cost-sharing where applicable.]</i>	
	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]	



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Health need or problem	Services you may need <i>[This category includes examples of services that beneficiaries may need. The health plan should add or delete any services based on the services covered by the state.]</i>	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits) <i>[Plans should provide specific information about: need for referrals, need for prior authorization, utilization management restrictions for drugs, maximum out of pocket costs on services, and permissible OON services and applicable cost-sharing (if different than in-network cost-sharing).]</i>
You need emergency care	Emergency room services	[\$0]	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.
	Urgent care	[\$0]	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.
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]	



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Health need or problem	Services you may need <i>[This category includes examples of services that beneficiaries may need. The health plan should add or delete any services based on the services covered by the state.]</i>	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits) <i>[Plans should provide specific information about: need for referrals, need for prior authorization, utilization management restrictions for drugs, maximum out of pocket costs on services, and permissible OON services and applicable cost-sharing (if different than in-network cost-sharing).]</i>
You need eye care	Eye exams	[\$0]	
	Glasses or contact lenses	[\$0]	<p><i>[Insert if applicable: Eyeglasses limited to one pair every 24 months unless medically necessary.] [Plans should add language here if they offer other supplemental benefits.]</i></p> <p><i>[Insert: Limited to a or One] pair of eyeglasses or contact lenses after each cataract surgery, or contact lenses for certain conditions when eyeglasses will not work.</i></p>
	Other vision care including diagnosis and treatment for diseases and conditions of the eye	[\$0]	
You have a mental health condition	Mental or behavioral health services	[\$0]	[State eligibility requirements may apply.]
	Inpatient care for people who need long-term mental health services	[\$0]	[State eligibility requirements may apply.]
You have a substance abuse problem	Substance abuse services	[\$0]	



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You need a place to live with people available to help you	<i>[MSHO plans only: Customized Living (services provided in an assisted living setting)]</i>	[\$0]	[State eligibility requirements may apply.]
	Skilled nursing care	[\$0]	
	Nursing home care	[\$0]	
	<i>[MSHO plans insert: Adult Foster Care]</i>	[\$0]	[State eligibility requirements may apply.]
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	[\$0]	There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits.
You need help getting to health services	Ambulance services	[\$0]	Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network.
	Emergency transportation	[\$0]	



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Health need or problem	Services you may need <i>[This category includes examples of services that beneficiaries may need. The health plan should add or delete any services based on the services covered by the state.]</i>	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits) <i>[Plans should provide specific information about: need for referrals, need for prior authorization, utilization management restrictions for drugs, maximum out of pocket costs on services, and permissible OON services and applicable cost-sharing (if different than in-network cost-sharing).]</i>
You need help getting to health services (continued)	Transportation to a health care provider for medical appointments	[\$0]	<p><i>[Insert if applicable: <Plan name> is not required to provide transportation to your primary care clinic if it is over 30 miles from your home]</i></p> <p><i>[Insert if applicable: <Plan name> is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home.]</i></p>
	Transportation to other health services	[\$0]	
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	[\$0]	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 <i>[MSHO Plans insert: Member Handbook; SNBC Plans insert: Evidence of Coverage]</i> for more information on these drugs.



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Health need or problem	Services you may need <i>[This category includes examples of services that beneficiaries may need. The health plan should add or delete any services based on the services covered by the state.]</i>	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits) <i>[Plans should provide specific information about: need for referrals, need for prior authorization, utilization management restrictions for drugs, maximum out of pocket costs on services, and permissible OON services and applicable cost-sharing (if different than in-network cost-sharing).]</i>
You need drugs to treat your illness or condition (continued)	Tier 1 Generic drugs (no brand name)	<p>[\$0/\$1.25/\$3.35] for a <i>[must be at least 30-day]</i> supply.</p> <p><i>[Plans may delete the following statement if they charge \$0 for all generic drugs.]</i></p> <p><Copayments/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 \$5,000 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 <copayments/copays> for Part D drugs will be \$0.</p>	<p>There may be limitations on the types of drugs covered. Please see <plan name>'s List of Covered Drugs (Drug List) at <Internet address> for more information.</p> <p><Plan Name> may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from <plan name> for certain drugs.</p> <p>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, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on https://www.medicare.gov.</p> <p><i>[Plans must indicate if extended-day supplies are available at retail and/or mail order pharmacy locations. Plans with extended-day supplies should explain that the cost sharing amount for these extended-day supplies is the same as for a one-month supply.]</i></p>



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You need drugs to treat your illness or condition (continued)	Tier 1 Brand name drugs	<p>[\$0/\$3.70/\$8.35] for a <i>[must be at least 30-day]</i> supply.</p> <p><i>[Plans may delete the following statement if they charge \$0 for all brand name drugs.]</i></p> <p><Copayments/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 \$5,000 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 <copayments/copays> for Part D drugs will be \$0.</p>	<p>There may be limitations on the types of drugs covered. Please see <plan name>'s List of Covered Drugs (Drug List) at <Internet address> for more information.</p> <p><Plan Name> may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from <plan name> for certain drugs.</p> <p>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, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on https://www.medicare.gov.</p> <p><i>[Plans must indicate if extended-day supplies are available at retail and/or mail order pharmacy locations. Plans with extended-day supplies should explain that the cost sharing amount for these extended-day supplies is the same as for a one-month supply.]</i></p>



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You need drugs to treat your illness or condition (continued)	Over-the-counter (OTC) drugs	[\$0]	There may be limitations on the types of drugs covered.
	Diabetes medications	[\$0]	
You need help getting better or have special health needs	Rehabilitation services	[\$0]	
	Medical equipment for home care	[\$0]	
You need foot care	Podiatry services	[\$0]	
	Orthotic services	[\$0]	



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<p>You need durable medical equipment (DME) or supplies</p> <p>(NOTE: This is not a complete list of covered DME or supplies.)</p> <p>Call Member Services or read the <i>[MSHO Plans insert: Member Handbook; SNBC Plans insert: Evidence of Coverage]</i> for more information.</p>	<p>For example, wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies</p>	<p>[\$0]</p>	
<p>You need help living at home</p>	<p>Home <i>[SNBC Plans insert: health]</i> care services</p>	<p>[\$0]</p>	
	<p>Personal care assistant</p>	<p>[\$0]</p>	
	<p>Changes to your home, such as ramps and wheelchair access</p>	<p>[\$0]</p>	<p>[State eligibility requirements may apply.]</p>
	<p>Home services, such as cleaning or housekeeping</p>	<p>[\$0]</p>	<p>[State eligibility requirements may apply.]</p>
	<p>Meals brought to your home</p>	<p>[\$0]</p>	<p>[State eligibility requirements may apply.]</p>



If you have questions, please call <plan name> Member Services at <local and/or toll-free number>, TTY/TDD <local and/or toll-free TTY/TDD number>, <days and hours of operation>. The call is free. **For more information**, visit <Internet address>.

<Plan Name> (HMO SNP): Summary of Benefits

Health need or problem	Services you may need <i>[This category includes examples of services that beneficiaries may need. The health plan should add or delete any services based on the services covered by the state.]</i>	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits) <i>[Plans should provide specific information about: need for referrals, need for prior authorization, utilization management restrictions for drugs, maximum out of pocket costs on services, and permissible OON services and applicable cost-sharing (if different than in-network cost-sharing).]</i>
You need help living at home (continued)	Adult day services or other support services	[\$0]	[State eligibility requirements may apply.]
	Services to help you live on your own	[\$0]	[State eligibility requirements may apply.]
<i>[MSHO Plans insert: Your caregiver needs some time off]</i>	Respite care	[\$0]	[State eligibility requirements may apply.]
You need interpreter services	Spoken language interpreter	[\$0]	
	Sign language interpreter	[\$0]	
Additional services	Acupuncture	[\$0]	
	Care coordination	[\$0]	
	Chiropractic services	[\$0]	
	Diabetic supplies	[\$0]	
	Family planning	[\$0]	
	Prosthetic services	[\$0]	
	Services to help manage your disease	[\$0]	



If you have questions, please call <plan name> Member Services at <local and/or toll-free number>, TTY/TDD <local and/or toll-free TTY/TDD number>, <days and hours of operation>. The call is free. **For more information**, visit <Internet address>.

<Plan Name> (HMO SNP): **Summary of Benefits**

[Other services that <plan name> covers

This is not a complete list. Call Member Services or read the [*MSHO Plans insert: Member Handbook; SNBC Plans insert: Evidence of Coverage*] to find out about other covered services.]

Other services covered by <plan name> <i>[Insert special services offered by your program. This does not need to be a comprehensive list.]</i>	Your costs for <u>in-network</u> providers <i>[Plans should include copays for listed services.]</i>

<Plan Name> does not cover all services. If you have questions about a service, call Member Services or read the [*MSHO Plans insert: **Member Handbook**; SNBC Plans insert: **Evidence of Coverage***].

Services covered outside of <plan name>

This is not a complete list. Call Member Services to find out about other services not covered by <plan name> but available through Medicare.

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



If you have questions, please call <plan name> Member Services at <local and/or toll-free number>, TTY/TDD <local and/or toll-free TTY/TDD number>, <days and hours of operation>. The call is free. **For more information**, visit <Internet address>.

<Plan Name> (HMO SNP): **Summary of Benefits**

Services not covered by <plan name>, Medicare, or Medical Assistance (Medicaid)

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

Services <u>not</u> covered by <plan name>, Medicare, or Medical Assistance (Medicaid)
Services not considered “reasonable and necessary” according to standards of Medicare and Medical Assistance (Medicaid)
Experimental medical and surgical treatments, items or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless criteria is met
LASIK surgery



If you have questions, please call <plan name> Member Services at <local and/or toll-free number>, TTY/TDD <local and/or toll-free TTY/TDD number>, <days and hours of operation>. The call is free. **For more information**, visit <Internet address>.

<Plan Name> (HMO SNP): **Summary of Benefits**

Your rights as a member of the plan

As a member of <plan name>, 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 [\[MSHO Plans insert: Member Handbook; SNBC Plans should insert: Evidence of Coverage\]](#). Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed or public assistance
 - 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)]. You can change your <primary care provider or PCP> at any time.
 - See 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



If you have questions, please call <plan name> Member Services at <local and/or toll-free number>, TTY/TDD <local and/or toll-free TTY/TDD number>, <days and hours of operation>. The call is free. **For more information**, visit <Internet address>.

- 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. <Plan name> 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 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
 - 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
 - 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



If you have questions, please call <plan name> Member Services at <local and/or toll-free number>, TTY/TDD <local and/or toll-free TTY/TDD number>, <days and hours of operation>. The call is free. **For more information**, visit <Internet address>.

- Get a detailed reason for why services were denied

For more information about your rights, you can read the <plan name> [\[MSHO Plans insert: Member Handbook; SNBC Plans should insert: Evidence of Coverage\]](#). If you have questions, you can also call <plan name> Member Services.

If you have a complaint or think we should cover something we denied

If you have a complaint or think <plan name> 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 <plan name> [\[MSHO Plans insert: Member Handbook; SNBC Plans should insert: Evidence of Coverage\]](#). You can also call <plan name> Member Services.

[\[Plans should include plan contact information for complaints, grievances, and appeals.\]](#)

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 <plan name> Member Services. Phone numbers are at the bottom of the page.
- [\[Insert if applicable: Call <Plan name> Fraud Hot Line <phone number and/or 800 number>\]](#)
- 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.



If you have questions, please call <plan name> Member Services at <local and/or toll-free number>, TTY/TDD <local and/or toll-free TTY/TDD number>, <days and hours of operation>. The call is free. **For more information**, visit <Internet address>.

[This is the back cover for the Summary of Benefits. Disregard the footer at the bottom of the page when customizing the back cover. Plans may add a logo and/or photographs, as long as these elements do not make it difficult for members to find and read the contact information. Plans may modify the call-lines as appropriate.]

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

[Insert phone number(s)]

Calls to this number are free. *[Insert days and hours of operation, including information on the use of alternative technologies.]*

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

[Insert TTY number]

[Insert if plan uses a direct TTY number: This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.]

Calls to this number are free. *[Insert days and hours of operation.]*

*[Insert if applicable: **If you have questions about your health:***

- Call your clinic if it's open. Follow your clinic's instructions for getting care when the clinic is closed.
- If your clinic is closed, you can also call <plan's Nurse Line Name>. A nurse will listen to your problem and tell you how to get care. (Example: [convenience care,] urgent care, emergency room). The numbers for the <plan's Nurse Line Name> are:

[Insert phone number(s)]

Calls to this number are free. <Days and hours of operation.> *[Include information on the use of alternative technologies.]*

<Plan name> also has free language interpreter services available for non-English speakers.

[Insert TTY number]

Calls to this number are *[Insert if applicable: not]* free. <Days and hours of operation.>

*[Insert if applicable: **If you need immediate behavioral health care, please call the <Behavioral Health Crisis Line name>:***

[Insert phone number(s)]

Calls to this number are free. <Days and hours of operation.> *[Include information on the use of alternative technologies.]*

<Plan name> also has free language interpreter services available for non-English speakers.

[Insert TTY number]

Calls to this number are *[Insert if applicable: not]* free. <Days and hours of operation.>



If you have questions, please call <plan name> Member Services at <local and/or toll-free number>, TTY/TDD <local and/or toll-free TTY/TDD number>, <days and hours of operation>. The call is free. **For more information**, visit <Internet address>.