



**2024 Summary of Benefits for  
AbilityCare (HMO SNP)**

For members in the counties of: Brown, Dodge, Goodhue, Kanabec, Sibley,  
Steele, Wabasha, and Waseca.

H5703\_6686\_M  
Effective January 1, 2024 – December 31, 2024

1-866-567-7242, TTY 1-800-627-3529 or 711

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

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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 ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ်လီၤတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປຣໂປຣເຊັດເລກຂ້າງເທິງນີ້.

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.

## Multi-Language Insert

### Multi-language Interpreter Services

**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 1-866-567-7242. 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 1-866-567-7242. 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 1-866-567-7242。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 1-866-567-7242。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 1-866-567-7242. 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 1-866-567-7242. 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 1-866-567-7242 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 1-866-567-7242. 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 1-866-567-7242 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 1-866-567-7242. 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 فوري، ليس عليك سوى الاتصال بنا على 1-866-567-7242 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**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 1-866-567-7242 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 1-866-567-7242. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** 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 1-866-567-7242. 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 1-866-567-7242. 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 1-866-567-7242. 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、1-866-567-7242 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。

## Civil Rights Notice

**Discrimination is against the law. South Country Health Alliance (South Country)** 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

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by South Country. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator

South Country Health Alliance

6380 West Frontage Road, Medford, MN 55049

Toll Free: 866-567-7242 TTY: 800-627-3529 or 711 Fax: 507-444-7774

Email: [grievances-appeals@mnscha.org](mailto:grievances-appeals@mnscha.org)

**Auxiliary Aids and Services:** **South Country** 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** Member Services at [members@mnscha.org](mailto:members@mnscha.org) or call 866-567-7242, TTY 800-627-3529 or 711.

**Language Assistance Services:** **South Country** 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** Member Services at [members@mnscha.org](mailto:members@mnscha.org) or call 866-567-7242, TTY 800-627-3529 or 711.

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by South Country. You may also contact any of the following 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:

Office for Civil Rights, U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240 Chicago, IL 60601

Customer Response Center: 800-368-1019, TTY: 800-537-7697

Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

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

In Minnesota, you have the right to file a complaint with the MDHR if 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](mailto: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
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

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. 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 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

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.

# AbilityCare (HMO D-SNP): 2024 Summary of Benefits

## Introduction

This document is a brief summary of the benefits and services covered by AbilityCare. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of AbilityCare. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, 8 a.m. to 8 p.m., 7 days a week from October through March, and Monday through Friday from April through September. The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).

# AbilityCare (HMO D-SNP): 2024 Summary of Benefits

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## A. Disclaimers



This is a summary of health services covered by AbilityCare for 1/1/2024. Please read the *Member Handbook* for the full list of benefits. You can view the *Member Handbook* on our website at [www.mnscha.org](http://www.mnscha.org). If you would like a print copy, call AbilityCare Member Services at the number on the bottom of this page.

- ❖ AbilityCare (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance program to provide the benefits of both programs to enrollees. Enrollment in AbilityCare depends on contract renewal.
- ❖ AbilityCare (HMO D-SNP) is for people age 18 to 64 who live in the service area, have both Medicare Part A and Part B and Medical Assistance, and who are certified disabled through the Social Security Administration or the State Medical Review Team.
- ❖ Under AbilityCare you can get your Medicare and Medical Assistance services in one health plan. An AbilityCare care coordinator will help manage your health care needs.
- ❖ For information about choice counseling services, call the Minnesota Department of Human Services Health Care Consumer Support (HCCS) line at 1-651-297-3862 or 1-800-657-3672.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](http://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.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-567-7242, TTY 1-800-627-3529 or 711, 8 a.m. to 8 p.m., 7 days a week from October through March, and Monday through Friday from April through September. 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.



**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, 8 a.m. to 8 p.m., 7 days a week from October through March, and Monday through Friday from April through September. The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).



# AbilityCare (HMO D-SNP): 2024 Summary of Benefits

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a Special Needs BasicCare (SNBC) plan?</b>	<p>Our plan is part of the Special Needs BasicCare (SNBC) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for people with disabilities ages 18 through 64. Our plan combines your Medicare and Medical Assistance services. It combines your doctors, hospital, pharmacies, home health 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 SNBC program is called AbilityCare.</p>
<b>Will I get the same Medicare and Medical Assistance benefits in AbilityCare that I get now?</b>	<p>You will get most of your covered Medicare and Medical Assistance benefits directly from AbilityCare. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan in the same way you do now, directly from another source, such as the State, county, Federal government, or Tribal nation.</p> <p>When you enroll in AbilityCare, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that AbilityCare does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for AbilityCare to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>



**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, 8 a.m. to 8 p.m., 7 days a week from October through March, and Monday through Friday from April through September. The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).

## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p><b>Can I use the same health care providers I use now?</b></p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with AbilityCare and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in AbilityCare’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of AbilityCare’s plan. You may also use out-of-network providers for <b>open access</b> services and in cases when AbilityCare authorizes the use of out-of-network providers.</li> <li>• If you are currently under treatment with a provider that is out of AbilityCare’s network, or have an established relationship with a provider that is out of AbilityCare’s network, call Member Services to check about staying connected.</li> </ul> <p>To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read AbilityCare’s <i>Provider and Pharmacy Directory</i> on our website at <a href="http://www.mnscha.org">www.mnscha.org</a>.</p> <p>If AbilityCare is new for you, we will work with you to develop a care plan to address your needs.</p>
<p><b>What is a AbilityCare care coordinator?</b></p>	<p>An AbilityCare care coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need, including the following:</p> <ul style="list-style-type: none"> <li>• Assisting you in arranging for, getting, and coordinating assessments, tests, and health and long-term care supports and services</li> <li>• Working with you to develop and update your care plan</li> <li>• Supporting you and communicating with a variety of agencies and persons</li> <li>• Coordinating other services as outlined in your care plan</li> </ul>



**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, 8 a.m. to 8 p.m., 7 days a week from October through March, and Monday through Friday from April through September. The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).

## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p><b>What happens if I need a service but no one in AbilityCare’s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, AbilityCare will pay for the cost of an out-of-network provider. A prior authorization may be required before getting services from out-of-network providers.</p>
<p><b>Where is AbilityCare available?</b></p>	<p>The service area for this plan includes these Minnesota counties: Brown, Dodge, Goodhue, Kanabec, Sibley, Steele, Wabasha, and Waseca. You must live in one of these counties to join the plan. Call Member Services at the numbers listed at the bottom of the page for more information about whether the plan is available where you live.</p>
<p><b>What is prior authorization?</b></p>	<p>Prior authorization means an approval from AbilityCare to get services outside of our network or to get services not routinely covered by our network <b>before</b> you can get the services. AbilityCare may not cover the service, procedure, item or drug if you don’t get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> AbilityCare can provide you or your provider with a list of services or procedures that require you to get prior authorization from AbilityCare before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this for help.</p>
<p><b>Do I pay a monthly amount (also called a premium) as a member of AbilityCare?</b></p>	<p>No. Because you have Medical Assistance, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>
<p><b>Do I pay a deductible as a member of AbilityCare?</b></p>	<p>No. You do not pay deductibles in AbilityCare.</p>
<p><b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of AbilityCare?</b></p>	<p>There is no cost-sharing for <b>medical services</b> in AbilityCare, so your annual out-of-pocket costs will be \$0.</p>
<p><b>Do I have a coverage gap for drugs?</b></p>	<p>No. Because you have Medical Assistance, you will not have a coverage gap stage for your drugs.</p>



**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, 8 a.m. to 8 p.m., 7 days a week from October through March, and Monday through Friday from April through September. The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).

## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

### C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	\$0	
	Ambulatory surgical center (ASC) services	\$0	
	Doctor or surgeon care	\$0	
<b>You want a doctor</b>	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)		
	Specialist care	\$0	Authorization rules may apply.
<b>You need emergency care</b>	Emergency room services	\$0	You may use 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. Contact the plan for details.
	Urgently care	\$0	Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services are NOT covered outside the U.S. and its territories. Contact the plan for details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	
	Lab tests and diagnostic procedures, such as blood work	\$0	
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	Authorization rules may apply.
You need dental care	Dental check-ups and preventive care	\$0	
	Restorative and emergency dental care	\$0	Authorization rules may apply.
You need eye care	Eye exams	\$0	
	Glasses or contact lenses	\$0	Selection may be limited. One pair of eyeglasses or contact lenses after each cataract surgery, or contact lenses for certain conditions when eyeglasses will not work
	Other vision care	\$0	
You need mental health services	Mental health services	\$0	
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	
You need substance use disorder services	Substance use disorder services	\$0	



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## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	Authorization rules may apply. Medically necessary skilled nursing care is covered.
	Nursing home care	\$0	
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	
	Transportation to medical appointments and services	\$0	Authorization rules may apply. AbilityCare is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home. AbilityCare is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home.
	Transportation to other health services	\$0	Authorization rules may apply.
You need drugs to treat your illness or condition  (continued on the next page)	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.



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## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b> (continued)</p> <p>(continued on the next page)</p>	<p>Tier 1 generic drugs (no brand name)</p>	<p>\$0/\$1.55/\$4.50 for a 30-supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to AbilityCare’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>AbilityCare 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 AbilityCare for certain drugs.</p> <p>You must use 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, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a>.</p> <p>Once you or others on your behalf pay \$8,000, you have reached the catastrophic coverage stage and you pay \$0 for all of your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage.</p> <p><b>Important Message About What You Pay for Vaccines</b> – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan’s <i>List of Covered Drugs</i> (Drug List). Our plan covers most Part D vaccines at no cost to you.</p> <p>You may be able to get certain drugs in extended supply from the pharmacy. Cost sharing for an extended supply is the same as for a one-month supply.</p>



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## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b> (continued)</p> <p>(continued on the next page)</p>	<p>Tier 1 Brand name drugs</p>	<p>\$0/\$4.60/\$11.20 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to AbilityCare's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>AbilityCare 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 AbilityCare for certain drugs.</p> <p>You must use 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, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a>.</p> <p>Once you or others on your behalf pay \$8,000, you have reached the catastrophic coverage stage and you pay \$0 for all of your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage.</p> <p>You may be able to get certain drugs in extended supply from the pharmacy. Cost sharing for an extended supply is the same as for a one-month supply.</p>



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## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b></p> <p>(continued)</p>	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to AbilityCare's <i>List of Covered Drugs</i> (Drug List) for more information.
	Diabetes medications	<p>\$0/\$1.55/\$4.50 or \$0/\$4.60/\$11.20 for 30-day supply.</p> <p>When you reach the out-of-pocket limit of \$8,000 for your Part D prescription drugs, the Catastrophic Coverage Stage begins.</p> <p>You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0.</p>	<p>There may be limitations on the types of drugs covered. Please refer to AbilityCare's <i>List of Covered Drugs</i> (Drug List) at <a href="http://www.mnscha.org">www.mnscha.org</a> for more information.</p> <p>AbilityCare 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 AbilityCare for certain drugs.</p>



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## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	Medically necessary rehabilitation services are covered. Authorization rules may apply.
	Medical equipment for home care	\$0	Authorization rules may apply.
	Dialysis Services	\$0	
<b>You need foot care</b>	Podiatry services	\$0	Podiatry visits are for medically necessary foot care.
	Orthotic services	\$0	For covered services.
<b>You need durable medical equipment (DME) or supplies</b>  <b>Note:</b> This is not a complete list of covered DME. For a complete list call Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .	Wheelchairs, crutches, and walkers	\$0	Authorization rules may apply.
	Nebulizers	\$0	
	Oxygen equipment and supplies	\$0	
<b>You need help living at home</b>	Home care services	\$0	Authorization rules may apply.
	Personal care assistant	\$0	
	Changes to your home, such as ramps and wheelchair access	\$0	State eligibility requirements may apply.
	Home services, such as cleaning or housekeeping	\$0	State eligibility requirements may apply.
	Meals brought to your home	\$0	State eligibility requirements may apply.
	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.



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## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Your caregiver needs some time off	Respite care	\$0	State eligibility requirements may apply.
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
Additional services	Acupuncture	\$0	Authorization rules may apply.
	Care coordination	\$0	You will be assigned a care coordinator to help you coordinate providers, access available community resources, and make sure you get services you need.
	Chiropractic services	\$0	Authorization rules may apply.
	Diabetes supplies and services	\$0	Diabetic supplies and services are limited to specific manufacturers, products and/or brands when received through a pharmacy. Contact Member Services for a list of covered supplies or visit our website at <a href="http://www.mnscha.org">www.mnscha.org</a> .
	Family planning	\$0	
	Housing stabilization services	\$0	Authorization rules may apply.
	Prosthetic services	\$0	Authorization rules may apply.
	Radiation therapy	\$0	
	Services to help manage your disease	\$0	
	Home Delivered Meals	\$0	Current members can receive 2 meals per day for up to 10 weeks following an inpatient hospital stay. Meals must be requested within 7 days of discharge. Only available for those not already receiving meals covered by another program, such as Elderly Waiver. Maximum allowed is 140 meals per year.
Wellness Education	Tobacco Cessation Assistance	\$0	Members can access telephone-based and online help, education, and supplies at no charge.
	Health Club/Fitness discount	\$0	Receive up to \$65 credit per month on memberships at participating health clubs



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## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Community Education discount	\$0	Covers up to \$15 of the fee for most Community Education classes (up to 5 per calendar year)

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the AbilityCare *Member Handbook*. If you don't have a *Member Handbook*, call AbilityCare Member Services at 1-866-567-7242 (TTY 1-800-627-3529 or 711) to get one. If you have questions, you can also call Member Services or visit [www.mnscha.org](http://www.mnscha.org).

### D. Services covered outside of AbilityCare

There are some services that you can get that are not covered by AbilityCare but are covered by Medicare, Medical Assistance, or a State or county agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare or Medical Assistance	Your costs
Some hospice care services	\$0
Personal care assistant services	\$0
Home care nursing services	\$0
Waiver services provided under Home and Community-Based	\$0

### E. Services that AbilityCare, Medicare, and Medical Assistance do not cover

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

#### Services AbilityCare, Medicare, and Medical Assistance do not cover

- Services not considered "reasonable and necessary" according to standards of Medicare and Medical Assistance
- 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



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## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

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### F. Your rights as a member of the plan

As a member of AbilityCare, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and 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 language and 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 and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your primary care provider at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. AbilityCare will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan



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## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

- **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 authorization in an emergency
  - Use 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
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Ask for a State Appeal (Medicaid Fair Hearing with the State)
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call AbilityCare Member Services at the numbers listed at the bottom of this page.

You can also call the Office of the Ombudsperson for Public Managed Health Care Programs at 1-800-657-3729. The call is free.

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## G. How to file a complaint or appeal a denied service

If you have a complaint or think AbilityCare should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Member Handbook*. You can also call Member Services at the numbers listed at the bottom of this page.

You can also write to us. Please send it to:

AbilityCare  
South Country Health Alliance  
Attn: Grievance and Appeals Department  
6380 W Frontage Rd, Medford, MN 55049

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## H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or other pharmacy is doing something wrong, please contact us.

- Call us at AbilityCare Member Services at the numbers listed at the bottom of this page.
- Call AbilityCare Fraud Hot Line 1-877-778-5463.
- Or, call the Minnesota Fraud Hotline at 1-800-627-9977. TTY users may call 711. The call is free.



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- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



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## AbilityCare (HMO D-SNP): 2024 Summary of Benefits

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

**CALL 1-866-567-7242**

The call is free. 8 a.m. to 8 p.m., 7 days a week from October through March, Monday to Friday from April through September.

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

**TTY/Relay Service 1-800-627-3529 or 711**

The call is free. 8 a.m. to 8 p.m., 7 days a week from October through March, or Monday to Friday from April through September.

### If you have questions about your health:

- Call your primary care clinic (PCC). Follow your PCC's instructions for getting care when the office is closed.
- If your PCC's office is closed, you can also call the **24-Hour nurse advice line**. This helpful service is staffed by experienced registered nurses who answer your health questions. They can help you decide what to do when you are sick or injured, and they are available 24 hours a day, 7 days a week. Call the number on the back of your member ID card. Calls to this number are free.

The nurse advice line also has free language interpreter services available for non-English speakers.

### If you need immediate behavioral health care, please call the Minnesota Mental Health Crisis Line

Call the number listed below for the county in which you live. Calls to these numbers are free.

Calls are answered 24 hours a day, 7 days a week.

They also have free language interpreter services available for non-English speakers.

**Brown** 1-877-399-3040

**Sibley** 1-877-399-3040

**Dodge** 1-844-274-7472

**Steele** 1-844-274-7472

**Goodhue** 1-844-274-7472

**Wabasha** 1-844-274-7472

**Kanabec** 1-800-523-3333

**Waseca** 1-844-274-7472