South Country HEALTH ALLIANCE

SeniorCare Complete (HMO D-SNP)

2026 Summary of Benefits

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

If you have questions, please call SeniorCare Complete Member Services
Toll Free: **1-866-567-7242**, TTY users call **1-800-627-3529** or **711**.
Hours of Operation are 8 a.m. to 8 p.m., Monday - Friday *(April - September)*; 8 a.m. to 8 p.m., 7 days a week *(October - March).*
The call is free. **For more information**, visit **www.mnscha.org.**

H2419_7224_M (SC7324)
Effective January 1, 2026 – December 31, 2026

NO ENGLISH  **1-866-567-7242**

TRS: 711

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ማሳሰቢያ፦ አማርኛ ተናጋሪ ከሆኑ ፤ ነጻ የቋንቋ ድጋፍ አገልግሎቶች ካለምንም ክፍያ እና ካለአላስፈላጊ መዘግየት ማግኘት ይችላሉ። በተጨማሪም መረጃን በቀላሉ ለማግኘት በሚያስችል ቅርጸት ለማቅረብ ተገቢ የሆኑ የመስማት ድጋፍ እና አገልግሎቶች ከክፍያ ነጻ በሆነ እና ግዜውን በጠበቀ መልኩ ማግኘት ይችላሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: نقدم لمتحدثي اللغة العربية خدمات مساعدة لغوية مجانية وفورية، بالإضافة إلى وسائل وخدمات مساعدة مناسبة، وبصيغة معلومات سهلة بدون تكلفة وبشكل سريع. يرجى التواصل على الرقم الموضح أعلاه أو مراجعة مقدم الخدمة المباشرة. Arabic

သတိပြုရန် – အကယ်၍ သင်သည် မြန်မာဘာသာစကား ပြောဆိုသူဖြစ်လျှင် အခမဲ့ ဘာသာစကားဆိုင်ရာ ပံ့ပိုးထောက်ပံ့ပေးမှု ဝန်ဆောင်မှုများအား မလိုအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုများ မရှိစေဘဲ သင် အခမဲ့ ရရှိနိုင်မည် ဖြစ်သည်။ ထို့ပြင် အချက်အလက်များအား အလွယ်တကူ ဝင်ရောက်ရယူနိုင်စေသော ဖောမတ်ပုံစံများဖြင့် ထောက်ပံ့ပေးထားသည့် သက်ဆိုင်ရာ ဖြည့်စွက် ထောက်ပံ့မှုများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့၊ အချိန်မ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုဆွေးနွေးပါ။ မြန်မာဘာသာစကား Burmese

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (ខ្មែរ) សេវាកម្មជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ និងដោយភ្ជាន់ការពន្យារពេលមិនចាំបាច់ឡើយ។ លើសពីនេះ ជំនួយ និងសេវាកម្មដែលសមស្របក្នុងការផ្តល់ព័ត៌មានក្នុង ទម្រង់ដែលអាចចូលប្រើបានក៏អាចរកបានដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ សូមហៅទូរសព្ទទៅលេខខាងលើ ឬនិយាយជាមួយអ្នកផ្តល់សេវារបស់អ្នក។ ភាសាខ្មែរ (ខ្មែរ) Cambodian (Khmer)

注意：如果您說簡體中文，您可以免費獲得語言協助服務，且不會有不必要的延誤。此外，還能免費及時獲取以無障礙格式提供資訊的適當輔助工具和服務。請撥打上面的電話號碼，或與您的服務提供商溝通。 Cantonese (Traditional Chinese)

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler le numéro ci-dessus ou contacter votre fournisseur. French

CEEB TOOM: Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb rau koj siv. Koj tsis tas them nqi thiab yuav tsis qeeb. Kuj muaj cuab yeej thiab kev pab los pab koj nyeem cov ntaub ntawv kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong

NO ENGLISH  **1-866-567-7242**

TRS: 711

ဟ်သူဉ်ဟ်သး– နမ့ၢ်ကတိၤကညီကျိာ်အဃိ, နမၤန့ၢ် ကျိာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလၫ်ဘူဉ်လၫ်စ့ၤ ဒီးတအိဉ်ဒီး တၢ်မၤယံာ်မၤနီၣ်သးဘဉ်နၣ်လီၤ. အါန့ၢ်အနၣ်, တၢ်အိဉ်စ့ၢ်ကီးဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူဒီး တၢ်မၤစၢၤတၢ်မၤတဖဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢပှၤအါဂၤန်ၢ်ပၢၢ်အီၤသ့ လၢတအိဉ်ဒီးအဘူးအလဲ ဒီးချူးဆၢချူးကတိၤနၣ်လီၤ. ဝံသးစူၤ ကီးနီဉ်ဂံၢ်လၢထး မ့တမ့ၢ် တဲသကိးတၢ်ဒီး ပှၤလၢအဟ့ဉ်နၤတၢ်မၤစၢၤ တက့ၢ်. ကညီကျိာ် Karen

안내: 한국어를 사용하시는 분께는 언어 지원 서비스를 무료로, 지체 없이 제공해 드립니다. 또한, 정보 접근성을 위한 적절한 보조 기구 및 서비스가 무료로, 시의적절하게 제공됩니다. 위에 있는 번호로 전화하시거나 담당자에게 말씀해 주십시오. Korean

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີການຊັກຊ້າ ທີ່ບໍ່ຈຳເປັນ. ນອກຈາກນັ້ນ, ເຄື່ອງມືຊ່ວຍເຫຼືອແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າເຖິງໄດ້ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທລະສັບຂ້າງເທິງ ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. Lao

HUBADHAA: Yoo Afaan Oromoo dubbattu ta'e, tajaajila gargaarsa turjumaana afaanii biliisaan akkasumas turtii barbaachisaa hin taane hambisu danda'u isiniif dhihaatee jira. Dabalataanis, odeeffannoo haala salphaan argamuu danda'an dhiyeessuuf gargaarsa fi tajaajiloota deeggarsaa qama midhamtootaaf mijatoo ta'an, kaffaltii tokko malee fi yeroo isaa eeggatee kennamu dhihaatee jira. Odeeffanno dabalataaf lakkoofsa armaan oliitti fayyadamuun namoota gargaarsa kana isiniif kennan qunnamaa. Oromo

ВНИМАНИЕ: Если вы разговариваете на русском языке, воспользуйтесь услугами языковой поддержки бесплатно и без лишних проволочек. Также бесплатно и незамедлительно предоставляются соответствующие вспомогательные средства и услуги по обеспечению информацией в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, waxaa si bilaash ah kuugu diyaar ah adeegyada caawinada luuqadeed oo aan lahayn daahitaan aan munaasib ahayn. Intaas waxaa dheer, waxaa la heli karaa adeegyada iyo kaabitaanka naafada ee haboon si macluumaadka loogu bixiyo qaabab la adeegsan karo oo bilaash ah laguna bixinayo waqqigeeda. Fadlan wac lambarka kore ama la hadal adeegbixiyahaaga. Somali

ATENCIÓN: si habla español, tiene a su disposición los servicios gratuitos de traducción sin costo alguno y sin demoras innecesarias. Además, se encuentran disponibles de forma gratuita y oportuna ayuda y servicios auxiliares adecuados con el fin de brindarle información en formatos accesibles. Llame al número indicado anteriormente o hable con su proveedor. Spanish

LƯU Ý: Nếu bạn nói tiếng Việt, bạn có thể được hỗ trợ ngôn ngữ miễn phí mà không phải chờ đợi lâu. Ngoài ra, các thiết bị hỗ trợ và dịch vụ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng có sẵn miễn phí và kịp thời. Vui lòng gọi số điện thoại phía trên hoặc trao đổi với nhân viên y tế của bạn. Vietnamese

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

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 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 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

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 (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.

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Introduction

This document is a brief summary of the benefits and services covered by SeniorCare Complete. 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 SeniorCare Complete. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers 2

B. Frequently asked questions 3

C. Overview of Services 6

D. Services covered outside of SeniorCare Complete 12

E. Services not covered by SeniorCare Complete, Medicare, or Medical Assistance (Medicaid) 12

F. Your rights as a member of the plan 13

G. What to do if you want to file a complaint or appeal a denied service or drug 14

H. What to do if you suspect fraud 14

A. Disclaimers

This is a summary of health services covered by SeniorCare Complete for 1/1/2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can view the *Member Handbook* on our website at www.mnscha.org. If you would like a print copy, call SeniorCare Complete Member Services at the number on the bottom of this page.

- SeniorCare Complete (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 SeniorCare Complete depends on contract renewal.
- SeniorCare Complete (HMO D-SNP) is for people age 65 and over who live in the service area and have both Medicare Part A and Part B and have Medical Assistance.
- Under SeniorCare Complete you can get your Medicare and Medical Assistance services in one health plan. A SeniorCare Complete care coordinator will help manage your health care needs.
- For information about Medical Assistance and 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) 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 call the Ombudsperson for Public Managed Care Program at 1-800-657-3729 or 711 or your preferred relay service, Monday through Friday, 8:00 a.m. – 4:30 p.m.
- 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.
- 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.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What's a Minnesota Senior Health Options (MSHO) plan?	Our plan is part of the Minnesota Senior Health Options (MSHO) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for seniors age 65 and over who live in our service area. Our plan combines your Medicare and Medical Assistance services. It combines your doctors, hospital, prescription drugs, home care, nursing home care, and other health care providers and services 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. Our MSHO program is called SeniorCare Complete.
Will I get the same Medicare and Medical Assistance (Medicaid) benefits in SeniorCare Complete that I get now?	You'll get most of your covered Medicare and Medical Assistance benefits directly from SeniorCare Complete. You'll 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. When you enroll in SeniorCare Complete, 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. If you're taking any Medicare Part D prescription drugs that SeniorCare Complete 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 SeniorCare Complete to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently Asked Questions (FAQ)	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with SeniorCare Complete and have a contract with us, you can keep going to them. • 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. **You must use the providers in SeniorCare Complete's network**. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of SeniorCare Complete's plan. You may also use out-of-network providers for **open access** services and in cases when SeniorCare Complete authorizes the use of out-of-network providers. • If you're currently under treatment with a provider that's out of SeniorCare Complete's network, or have an established relationship with a provider that's out of SeniorCare Complete's network, call Member Services to check about staying connected. 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 SeniorCare Complete's *Provider and Pharmacy Directory* on our website at www.mnscha.org. If SeniorCare Complete is new for you, we will work with you to develop a care plan to address your needs.
What's a SeniorCare Complete care coordinator?	A SeniorCare Complete 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: • Assisting you in arranging for, getting, and coordinating assessments, tests and health and long-term care supports and services • Working with you to develop and update your care plan • Supporting you and communicating with a variety of agencies and persons • Coordinating other services as outlined in your care plan

Frequently Asked Questions (FAQ)	Answers
What are long-term services and supports?	Long-term services and supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
What happens if I need a service but no one in SeniorCare Complete's network can provide it?	Most services will be provided by our network providers. If you need a covered service that can't be provided within our network, SeniorCare Complete 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.
Where's SeniorCare Complete available?	The service area for this plan includes these Minnesota counties: Brown, Dodge, Goodhue, 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.
What's prior authorization?	Prior authorization means an approval from SeniorCare Complete to get services outside of our network or to get services not routinely covered by our network **before** you can get the services. SeniorCare Complete may not cover the service, procedure, item or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** SeniorCare Complete can provide you or your provider with a list of services or procedures that require you to get prior authorization from SeniorCare Complete before the service is provided. Refer to **Chapter 3**, of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Member Handbook* to learn which services require a prior authorization. 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 page for help.
Do I pay a monthly amount (also called a premium) as a member of SeniorCare Complete?	No. Because you have Medical Assistance, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of SeniorCare Complete?	No. You don't pay deductibles in SeniorCare Complete.

Frequently Asked Questions (FAQ)	Answers
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of SeniorCare Complete?	There's no cost-sharing for medical services in SeniorCare Complete, so your annual out-of-pocket costs will be $0.

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)
You need hospital care	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	
You want a doctor	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)	$0	
	Specialist care	$0	Authorization rules may apply.
You need emergency care **(continued on next page)**	Emergency room services	$0	You may use any emergency room if you reasonably believe you need emergency care. You don't need prior authorization and you don't have to be in-network. Emergency room services aren't covered outside of the U.S. and its territories. Contact the plan for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued)	Urgent care	$0	Urgently needed care isn't emergency care. You don't need prior authorization and you don't have to be in-network. Urgently needed care services aren't covered outside the U.S. and its territories. Contact the plan for details.
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. One lab-created porcelain crown per calendar year when medically necessary.
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. Any combination of lens upgrades such as tinted, photochromatic, anti-glare or progressive lenses up to a combined annual maximum.
	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	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	$0	
You need a place to live with people available to help you	Customized Living (services provided in an assisted living setting)	$0	State eligibility requirements may apply.
	Skilled nursing care	$0	Authorization rules may apply. Medically necessary skilled nursing care is covered.
	Nursing home care	$0	
	Adult Foster Care and Group Adult Foster Care	$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	
	Transportation to medical appointments and services	$0	Authorization rules may apply. SeniorCare Complete isn't required to provide transportation to your primary care clinic (PCC) if it's over 30 miles from your home. SeniorCare Complete isn't required to provide transportation to your specialty care clinic if it's over 60 miles from your home.
	Transportation to other health services	$0	Authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition	Medicare Part B 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 *Member Handbook* for more information on these drugs. Authorization rules may apply.
	Medicare Part D drugs Tier 1 generic drugs (no brand name) Tier 1 brand name drugs	Tier 1 generic drugs: $0/$1.60/$5.10 for a 30-day supply. Tier 1 brand name drugs: $0/$4.90/$12.65 for a 30-day supply Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details	There may be limitations on the types of drugs covered. Please refer to SeniorCare Complete's *List of Covered Drugs* (*Drug List*) for more information. SeniorCare Complete may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from SeniorCare Complete for certain drugs. You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that can't be met by most pharmacies in your network. These drugs are listed on the plan's website, *List of Covered Drugs* (*Drug List*), and printed materials, as well as on the Medicare Plan Finder on www.medicare.gov. Once you or others on your behalf pay $2,100 you have reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Member Handbook* for more information on this stage. 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.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to SeniorCare Complete's *List of Covered Drugs* (*Drug List)* for more information.

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services	Acupuncture	$0	Authorization rules may apply.
	Care coordination	$0	You'll be assigned a care coordinator to help you coordinate providers, access available community resources, and help you get services you need.
	Chiropractic services	$0	Authorization rules may apply.
	Diabetes supplies and services	$0	Diabetes 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 **www.mnscha.org**.
	Family planning	$0	
	Prosthetic services	$0	Authorization rules may apply.
	Radiation therapy	$0	
	Services to help manage your disease	$0	
	Home delivered meals	$0	Up to 140 meals (1 meal per day for up to 7 days per week for 10 weeks, per event) following an inpatient discharge. 2 events per year. Only available for meals not already covered by another benefit or waiver program.
	Home safety devices or modifications and supplies	$0	Home and safety devices and modifications that promote health or safe independent living such as grab bars, shower or tub seats, handrails, anti-slip tread, temporary wheelchair ramps and lift chairs. Only for items not covered by waiver, to a maximum of $1000 per year. Contact your Care Coordinator for help accessing this benefit.
	PERS medical alert system	$0	Eligible members include non-waiver or only if member's EW service has reached the budget cap.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Over-the-Counter (OTC) Card	$0	Current members will receive an OTC card with a $90 quarterly spending amount. Funds must be spent by the end of the quarter and does not roll over to the next quarter. Funds renew every quarter as long as the user remains a member of the plan. Max $360 annual amount.
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 $40 credit per month on memberships at participating health clubs
	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 isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the SeniorCare Complete *Member Handbook*. If you don't have a *Member Handbook*, call SeniorCare Complete 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.

D. Benefits covered outside of SeniorCare Complete

There are some services that you can get that aren't covered by SeniorCare Complete but are covered by Medicare, Medical Assistance, or a State or county agency. This isn't 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, Medical Assistance or a State Agency	Your costs
Certain hospice care services covered outside of SeniorCare Complete	$0
Except Elderly Waiver services, other waiver services provided	$0

E. Services that SeniorCare Complete, Medicare, and Medical Assistance do not cover

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

Services SeniorCare Complete, 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

F. Your rights as a member of the plan

As a member of SeniorCare Complete, 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 aren't 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're 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. SeniorCare Complete 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 doesn't 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

- 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 (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 SeniorCare Complete 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 (TTY: 711 or use your preferred relay service). The call is free.

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

If you have a complaint or think SeniorCare Complete 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 SeniorCare Complete Member Services at the numbers listed at the bottom of this page.

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

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

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 SeniorCare Complete Member Services at the numbers listed at the bottom of this page.
- Or, call SeniorCare Complete Fraud Hot Line 1-877-778-5463.
- Or, call the Minnesota Program Integrity Oversite Hotline at 651-431-2650 or 1-800-657-3750. TTY users may call 711. The call is free.

- 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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If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call SeniorCare Complete 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, or 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) if it's open. Follow your PCC's instructions for getting care when the office is closed.
- If your PCC 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 has free language interpreter services available for non-English speakers.
- If you have an urgent care need, you can contact Doctor on Demand™ at doctorondemand.com website or through the mobile app. Have your member ID available. You will need to activate an account which is free. No credit card is needed. Doctors are available 24/7/365 in a little as 5 minutes.

If you need immediate behavioral health care, please call the Minnesota Mental Health Crisis Line 988

You can also 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

Dodge 1-844-274-7472

Goodhue 1-844-274-7472

Sibley 1-877-399-3040

Steele 1-844-274-7472

Wabasha 1-844-274-7472

Waseca 1-844-274-7472