



# 2012 SeniorCare Complete Summary of Benefits



Effective January 1, 2012. H2419\_1787 CMS Approved 8/24/2011  
For members in the counties of: Brown, Dodge, Freeborn, Goodhue, Kanabec,  
Morrison, Sibley, Steele, Todd, Wabasha, Wadena and Waseca.



## South Country Health Alliance Member Services 1-866-567-7242 (toll free) • TTY 711

Attention. If you want free help translating this information, call the above number.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງໂທຮຕາມເລກໂທຮທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Ogow. Haddii aad dooneyso in laga kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

This information is available in other forms to people with disabilities by calling **1-866-567-7242** (toll free) or 711 (TTY), or through the Minnesota Relay at 1-800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over), or 1-877-627-3848 (speech to speech 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 enrollees 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.

# Introduction to the Summary of Benefits for SeniorCare Complete (HMO SNP)

January 1, 2012 - December 31, 2012

Select counties in Minnesota

Thank you for your interest in SeniorCare Complete (HMO SNP). Our plan is offered by South Country Health Alliance (SCHA), a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this Summary of Benefits is based on your level of Medicaid eligibility.

Please call SeniorCare Complete (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call SeniorCare Complete (HMO SNP) and ask for the "Evidence of Coverage."

## **You have choices in your health care**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (Fee-for-Service) Medicare Plan. Another option is a Medicare health plan, like SeniorCare Complete (HMO SNP). You may have other options, too. You make the choice. No matter what you decide, you are still in the Medicare program.

If you are eligible for both Medicare and Medicaid (dual eligible), you may join or leave a plan at any time.

Please call SeniorCare Complete (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## **How can I compare my options?**

You can compare SeniorCare Complete (HMO SNP) with Original Medicare and Medicaid using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what Original Medicare and Medicaid cover.

Our members receive all of the benefits that Original

Medicare Plan and Medicaid offer. We also offer more benefits, which may change from year to year.

## **Where is SeniorCare Complete (HMO SNP) available?**

The service area for this plan includes: Brown, Dodge, Freeborn, Goodhue, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca Counties, MN. You must live in one of these areas to join the plan.

## **Who is eligible to join SeniorCare Complete (HMO SNP)?**

You can join SeniorCare Complete (HMO SNP) if you:

- Are age 65 or over;
- Are entitled to Medicare Part A and enrolled in Medicare Part B;
- Receive Medical Assistance (Medicaid) from the state; and
- Live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in SeniorCare Complete (HMO SNP) unless they are members of our organization and have been since their dialysis began.

Please call the plan to see if you are eligible to join.

## **Can I choose my doctors?**

SeniorCare Complete (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory. For an up-to-date list, visit us at [www.mnscha.org](http://www.mnscha.org). Our Member Services number is listed at the end of this introduction.

## **What happens if I go to a doctor who is not in your network?**

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services, except in limited situations (for example, emergency care).

## **Does my plan cover Medicare Part B or Part D drugs?**

SeniorCare Complete (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

## **Where can I get my prescriptions if I join this plan?**

SeniorCare Complete (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Provider Directory (which contains a pharmacy section) or visit us at [www.mnscha.org](http://www.mnscha.org). Our Member Services number is listed at the end of this introduction.

## **What is a prescription drug formulary?**

SeniorCare Complete (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you or you can see our complete formulary on our web site at [www.mnscha.org](http://www.mnscha.org).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?**

You currently get or may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778;

or

- Your State Medicaid Office. Department of Human Services at (651) 431-2670 (Twin Cities metro area) or (800) 657-3739 (outside Twin Cities metro area). TTY users should call (800) 627-3529 or 711.

## **What are my protections in this plan?**

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of SeniorCare Complete (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of SeniorCare Complete (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception

is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

### **What is a Medication Therapy Management (MTM) program?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact SeniorCare Complete (HMO SNP) for more details.

### **What types of drugs may be covered under Medicare Part B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact SeniorCare Complete (HMO SNP) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin Alfa or Epogen®):** By injection if you have End-Stage Renal Disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppres-

sive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.

- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs** administered through DME.

### **Where can I find information on Plan Ratings?**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Health & Drug Plans," then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our Member Services number is listed below.

### **Please call South Country Health Alliance for more information about SeniorCare Complete (HMO SNP).**

Visit us at [www.mnscha.org](http://www.mnscha.org) or, call us:

#### **Member Services Hours:**

Sunday, Monday, Tuesday, Wednesday, Thursday,  
Friday, Saturday,  
8 a.m.–8 p.m. Central

**Current members** should call toll free 1-866-567-7242 for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug Program. (TTY/TDD toll free at 711.)

**Prospective members** should call toll free 1-866-567-7242 for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug Program. (TTY/TDD toll free at 711.)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or visit [www.medicare.gov](http://www.medicare.gov) on the web.

This document may be available in other formats such as Braille, large print or other alternate formats. This document maybe available in non-English language. For additional information, call the Member Services number listed above.

# Summary of Benefits

| Benefit Category                                                                                                             | Original Medicare & Medical Assistance (Medicaid)**                                                                                                                                                                                                                                                                                                                                                                                                                                               | SeniorCare Complete (HMO SNP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b>IMPORTANT INFORMATION</b>                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>1 - Premium and Other Important Information</b></p>                                                                    | <p>In 2012 the Part B premium is \$0 and the annual Part B deductible amount is \$0.</p> <p>Depending on your level of Medicaid eligibility, you may have a deductible on Medicaid-only covered services.</p>                                                                                                                                                                                                                                                                                     | <p><b>General</b><br/>Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services.</p> <p>Depending on your level of Medicaid eligibility, you may have a deductible on Medicaid-only covered services.</p> <p>Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$0 monthly plan premium.</p> <p><b>In-Network</b><br/>\$0 annual deductible.</p> <p>\$6700 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p> |
| <p><b>2 - Doctor and Hospital Choice</b><br/>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p> | <p>If you are enrolled in Original Medicare, you may go to any doctor, specialist, other health care provider, and hospital that accepts Medicare.</p> <p>If you are enrolled in Fee-for-Service Medical Assistance (Medicaid), you may go to any doctor, specialist, other health care provider, and hospital.</p> <p>If you are enrolled in a Medical Assistance Managed Care Plan, in most cases, you must go to network doctors, specialists, other health care providers, and hospitals.</p> | <p><b>In-Network</b><br/>In most cases, you must go to network doctors, specialists, other health care providers, and hospitals.</p> <p>No referral required for network health care providers, doctors, specialists, and hospitals.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

\*Includes Fee-for-Service and Medical Assistance Managed Care Plans (such as Minnesota Senior Care Plus).

| Benefit Category                                                                                                                                              | Original Medicare & Medical Assistance (Medicaid)*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SeniorCare Complete (HMO SNP)                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SUMMARY OF BENEFITS</b>                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>INPATIENT CARE</b>                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>3 - Inpatient Hospital Care</b><br>(includes Substance Abuse and Rehabilitation Services)                                                                  | You will not be charged additional cost sharing for professional services.<br><br>\$0 annual deductible.<br><br>\$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>In-Network</b><br>You will not be charged additional cost sharing for professional services.<br><br>\$0 annual deductible.<br><br>\$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                              |
| <b>4 - Inpatient Mental Health Care</b>                                                                                                                       | Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).<br><br>\$0 annual deductible.<br><br>\$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>In-Network</b><br>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care”).<br><br>\$0 annual deductible.<br><br>\$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                   |
| <b>5 - Skilled Nursing Facility (SNF)</b><br>(in a Medicare-certified skilled nursing facility)                                                               | After at least a 3-day covered hospital stay (no prior hospital stay is required for Medicaid-covered nursing facility stays):<br><br>\$0 annual deductible<br><br>\$0 copay for Medicare- or Medicaid-covered services.<br><br>100-day limit per benefit period for the Medicare Part A benefit. After that, Medicaid provides coverage.<br><br>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have. | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>No prior hospital stay is required.<br><br>\$0 annual deductible.<br><br>\$0 copay for Medicare- or Medicaid-covered services.<br><br>The plan covers up to 100 days each Medicare Part A benefit period. For Medicaid-covered stays, the plan covers up to 180 days of nursing facility room and board. After that, Medical Assistance provides coverage. |
| <b>6 - Home Health Care</b><br>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.) | \$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                                                                                      |

\*Includes Fee-for-Service and Medical Assistance Managed Care Plans (such as Minnesota Senior Care Plus).

| Benefit Category                          | Original Medicare & Medical Assistance (Medicaid)*                                                                                                                                                                                                                                                                                                                                                        | SeniorCare Complete (HMO SNP)                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>7 - Hospice</b>                        | You must get care from a Medicare-certified hospice.                                                                                                                                                                                                                                                                                                                                                      | <b>General</b><br>You must get care from a Medicare-certified hospice.<br>Your plan will pay for a consultative visit before you select hospice.                                                                                                                                                                                                                                                                                       |
| <b>OUTPATIENT CARE</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>8 - Doctor Office Visits</b>           | <p>\$0 copay for Medicare- or Medicaid-covered primary care doctor visits.</p> <p>\$0 copay for Medicare- or Medicaid-covered in-area, network urgent care visits.</p> <p>\$0 copay for Medicare- or Medicaid-covered specialist doctor visits.</p>                                                                                                                                                       | <p><b>In-Network</b><br/>\$0 copay for Medicare- or Medicaid-covered primary care doctor visits.</p> <p>\$0 copay for Medicare- or Medicaid-covered in area, network urgent care visits.</p> <p>\$0 copay for Medicare- or Medicaid-covered specialist doctor visits.</p>                                                                                                                                                              |
| <b>9 - Chiropractic Services</b>          | <p>Supplemental routine care not covered.</p> <p>\$0 copay for Medicare- or Medicaid-covered services for manual manipulation of the spine to correct a subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>\$3 copay for Medicaid-covered X-rays when needed to get a diagnosis of subluxation of the spine.</p> | <p><b>In-Network</b><br/>Supplemental routine care not covered.</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p> <p>Chiropractic visits are for manual manipulation of the spine to correct a subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>Medicaid-covered X-rays are for a diagnosis of subluxation of the spine.</p> |
| <b>10 - Podiatry Services</b>             | <p>Supplemental routine care not covered.</p> <p>\$0 copay for Medicare- or Medicaid-covered services for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>                                                                                                                                                                                             | <p><b>In-Network</b><br/>\$0 copay for Medicare- or Medicaid-covered services.</p> <p>Podiatry benefits are for medically-necessary foot care.</p>                                                                                                                                                                                                                                                                                     |
| <b>11 - Outpatient Mental Health Care</b> | <p>\$0 copay for most outpatient mental health Medicare- or Medicaid-covered mental health services.</p> <p>\$0 copay for each Medicare- or Medicaid-covered service you get from a qualified professional as</p>                                                                                                                                                                                         | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>\$0 copay for Medicare- or Medicaid-covered mental health visits.</p>                                                                                                                                                                                                                                                                                |

\*Includes Fee-for-Service and Medical Assistance Managed Care Plans (such as Minnesota Senior Care Plus).

| Benefit Category                                                                                                    | Original Medicare & Medical Assistance (Medicaid)*                                                                                                                                                                                                                                                                         | SeniorCare Complete (HMO SNP)                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>11 - Outpatient Mental Health Care</b>                                                                           | part of a Partial Hospitalization Program.<br><br>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.                              | \$0 copay for Medicare- or Medicaid-covered visit with a psychiatrist.<br><br>\$0 copay for Medicare- or Medicaid-covered partial hospitalization program services.                                                                                                                                                        |
| <b>12 - Outpatient Substance Abuse Care</b>                                                                         | \$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                                                      | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                         |
| <b>13 - Outpatient Services/Surgery</b>                                                                             | \$0 copay for Medicare- or Medicaid-covered doctor services.<br><br>\$0 copay for Medicare- or Medicaid-covered ambulatory surgical center facility services.                                                                                                                                                              | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$0 copay for each Medicare- or Medicaid-covered ambulatory surgical center visit.<br><br>\$0 copay for each Medicare- or Medicaid-covered outpatient hospital facility visit.                                                                |
| <b>14 - Ambulance Services</b><br>(medically necessary ambulance services)                                          | \$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                                                      | <b>In-Network</b><br>\$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                                 |
| <b>15 - Emergency Care</b><br>(You may go to any emergency room if you reasonably believe you need emergency care.) | \$0 copay for Medicare- or Medicaid-covered doctor services.<br><br>\$0 copay for Medicare- or Medicaid-covered hospital facility emergency services.<br><br>\$3.50 copay for a Medicaid-covered emergency room visit when it is not an emergency.<br><br>NOT covered outside the U.S. except under limited circumstances. | <b>General</b><br>\$0 copay for Medicare- or Medicaid-covered emergency room visits.<br><br>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.<br><br>If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the emergency room visit. |
| <b>16 - Urgently Needed Care</b><br>(This is NOT emergency care, and in most cases, is out of the service area.)    | \$0 copay for Medicare- or Medicaid-covered services.<br><br>NOT covered outside the U.S. except under limited circumstances.                                                                                                                                                                                              | <b>General</b><br>\$0 copay for Medicare- or Medicaid-covered services.<br><br>NOT covered outside the U.S. except under limited circumstances.                                                                                                                                                                            |

\*Includes Fee-for-Service and Medical Assistance Managed Care Plans (such as Minnesota Senior Care Plus).

| Benefit Category                                                                                                        | Original Medicare & Medical Assistance (Medicaid)*                                                                                                                                                                                                                                                                                                                                                                     | SeniorCare Complete (HMO SNP)                                                                                                                                                                                                                                                                                                                                     |
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| <b>17 - Outpatient Rehabilitation Services</b><br>(Occupational Therapy, Physical Therapy, Speech and Language Therapy) | \$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                                                                                                                                                  | <b>General</b><br>Authorization rules may apply.<br><b>In-Network</b><br>\$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                    |
| <b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                   |
| <b>18 - Durable Medical Equipment</b><br>(includes wheelchairs, oxygen, etc.)                                           | \$0 copay for Medicare- or Medicaid-covered items.                                                                                                                                                                                                                                                                                                                                                                     | <b>General</b><br>Authorization rules may apply.<br><b>In-Network</b><br>\$0 copay for Medicare- or Medicaid-covered items.                                                                                                                                                                                                                                       |
| <b>19 - Prosthetic Devices</b><br>(includes braces, artificial limbs, and eyes, etc.)                                   | \$0 copay for Medicare- or Medicaid-covered items.                                                                                                                                                                                                                                                                                                                                                                     | <b>General</b><br>Authorization rules may apply.<br><b>In-Network</b><br>\$0 copay for Medicare- or Medicaid-covered items.                                                                                                                                                                                                                                       |
| <b>20 - Diabetes Programs and Supplies</b>                                                                              | \$0 copay for Medicare- or Medicaid-covered diabetes self-management training.<br><br>\$0 copay for Medicare- or Medicaid-covered diabetes supplies.<br><br>\$0 copay for Medicare- or Medicaid-covered diabetic therapeutic shoes or inserts.                                                                                                                                                                         | <b>General</b><br>Authorization rules may apply.<br><b>In-Network</b><br>\$0 copay for Medicare- or Medicaid-covered diabetes self-management training.<br><br>\$0 copay for Medicare- or Medicaid-covered diabetes monitoring supplies.<br><br>\$0 copay for Medicare- or Medicaid-covered diabetic therapeutic shoes or inserts.                                |
| <b>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>                                              | \$0 copay for Medicare- or Medicaid-covered: <ul style="list-style-type: none"> <li>• Lab services.</li> <li>• Diagnostic procedures and tests.</li> <li>• X-rays.</li> <li>• Diagnostic radiology services (not including X-rays).</li> <li>• Therapeutic radiology services.</li> </ul> \$0 copay for the digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50. | <b>General</b><br>Authorization rules may apply.<br><b>In-Network</b><br>\$0 copay for Medicare- or Medicaid-covered: <ul style="list-style-type: none"> <li>• Lab services.</li> <li>• Diagnostic procedures and tests.</li> <li>• X-rays.</li> <li>• Diagnostic radiology services-not including x-rays).</li> <li>• Therapeutic radiology services.</li> </ul> |

\*Includes Fee-for-Service and Medical Assistance Managed Care Plans (such as Minnesota Senior Care Plus).

| Benefit Category                                                | Original Medicare & Medical Assistance (Medicaid)*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SeniorCare Complete (HMO SNP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>22 - Cardiac and Pulmonary Rehabilitation Services</b>       | <p>\$0 copay for Medicare- or Medicaid-covered Cardiac Rehabilitation services.</p> <p>\$0 copay for Medicare- or Medicaid-covered Pulmonary Rehabilitation services.</p> <p>\$0 copay for Medicare- or Medicaid-covered Intensive Cardiac Rehabilitation services.</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>\$0 copay for Medicare- or Medicaid-covered services:</p> <ul style="list-style-type: none"> <li>• Cardiac Rehabilitation</li> <li>• Intensive Cardiac Rehabilitation</li> <li>• Pulmonary Rehabilitation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>PREVENTIVE SERVICES</b>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>23 - Preventive Services and Wellness/Education Programs</b> | <p>\$0 copay for Medicare- or Medicaid-covered for the following:</p> <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening</li> <li>• Bone Mass Measurement</li> <li>• Cardiovascular Screening</li> <li>• Cervical and Vaginal Cancer Screening</li> <li>• Colorectal Cancer Screening</li> <li>• Diabetes Screening</li> <li>• Influenza Vaccine</li> <li>• Hepatitis B Vaccine for people with Medicare who are at risk</li> <li>• HIV Screening</li> <li>• Breast Cancer Screening (Mammogram)</li> <li>• Medical Nutrition Therapy Services</li> <li>• Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information</li> <li>• Prostate Cancer Screening- Prostate Specific Antigen (PSA) test only</li> <li>• Smoking Cessation (counseling to stop smoking)</li> <li>• Welcome to Medicare Physical Exam or an Annual Wellness visit</li> </ul> | <p><b>General</b><br/>\$0 copay for Medicare- or Medicaid-covered services.</p> <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening</li> <li>• Bone Mass Measurement</li> <li>• Cardiovascular Screening</li> <li>• Cervical and Vaginal Cancer Screening</li> <li>• Colorectal Cancer Screening</li> <li>• Diabetes Screening</li> <li>• Influenza Vaccine</li> <li>• Hepatitis B Vaccine for people with Medicare who are at risk</li> <li>• HIV Screening</li> <li>• Breast Cancer Screening (Mammogram)</li> <li>• Medical Nutrition Therapy Services</li> <li>• Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information</li> <li>• Prostate Cancer Screening- Prostate Specific Antigen (PSA) test only</li> <li>• Smoking Cessation (counseling to stop smoking)</li> <li>• Welcome to Medicare Physical Exam or an Annual Wellness visit</li> </ul> |

\*Includes Fee-for-Service and Medical Assistance Managed Care Plans (such as Minnesota Senior Care Plus).

| Benefit Category                                                | Original Medicare & Medical Assistance (Medicaid)*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SeniorCare Complete (HMO SNP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>23 - Preventive Services and Wellness/Education Programs</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>HIV screening is covered Medicare- or Medicaid-covered people who are pregnant and people at increased risk for the infection, including anyone who asks for the test.</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including newsletters</li> <li>• Nutritional benefit</li> <li>• Additional Smoking Cessation</li> <li>• Health Club Membership/ Fitness Classes</li> <li>• Nursing Hotline</li> <li>• Other</li> </ul>                                                                                       |
| <b>24 - Kidney Disease and Conditions</b>                       | <p>\$0 copay for Medicare- or Medicaid-covered renal dialysis.</p> <p>\$0 copay for Medicare- or Medicaid-covered kidney disease education services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>In-Network</b></p> <p>\$0 copay for Medicare- or Medicaid-covered renal dialysis.</p> <p>\$0 copay for Medicare- or Medicaid-covered kidney disease education services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>25 - Outpatient Prescription Drugs</b>                       | <p><b>Medicare</b></p> <p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p> <p><b>Medicaid</b></p> <p>\$3 copay for Medicaid-covered brand-name drugs.</p> <p>\$1 copay for Medicaid-covered generic drugs.</p> <p>The most a member pays in copays for Medicaid-covered drugs is \$12 per month. Copays will not be charged for some Medicaid-covered mental health drugs and most family planning drugs.</p> | <p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b></p> <p>\$0 annual deductible for Part B-covered drugs.</p> <p>\$0 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Home Infusion Drugs, Supplies, and Services.</p> <p>\$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p> <p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b></p> <p>This plan uses a formulary. This plan will send you the formulary. You</p> |

\*Includes Fee-for-Service and Medical Assistance Managed Care Plans (such as Minnesota Senior Care Plus).

| Benefit Category                                 | Original Medicare & Medical Assistance (Medicaid)*    | SeniorCare Complete (HMO SNP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p><b>25 - Outpatient Prescription Drugs</b></p> | <p>Medicaid does not cover Medicare Part D drugs.</p> | <p>can also see the formulary at <a href="http://www.mnscha.org">www.mnscha.org</a> on the web. Different out-of-pocket costs may apply to people who:</p> <ul style="list-style-type: none"> <li>• Have limited incomes,</li> <li>• Live in long-term care facilities, or</li> <li>• Have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan offers national in-network prescription drug coverage (i.e., this would include 50 states and District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before we will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from us 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 web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://Medicare.gov">Medicare.gov</a>.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay</p> |

\*Includes Fee-for-Service and Medical Assistance Managed Care Plans (such as Minnesota Senior Care Plus).

| Benefit Category                                 | Original Medicare & Medical Assistance (Medicaid)* | SeniorCare Complete (HMO SNP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <p><b>25 - Outpatient Prescription Drugs</b></p> |                                                    | <p>the actual cost, not the higher cost-sharing amount.</p> <p><b>In-Network</b><br/>You pay a \$0 annual deductible.</p> <p><b>Initial Coverage</b><br/>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>• A \$0 copay; or</li> <li>• A \$1.10 copay; or</li> <li>• A \$2.60 copay.</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>• A \$0 copay; or</li> <li>• A \$3.30 copay; or</li> <li>• A \$6.50 copay.</li> </ul> <p><b>Retail Pharmacy</b><br/>You can get drugs the following ways:</p> <ul style="list-style-type: none"> <li>• One-month (30-day) supply.</li> <li>• Three-month (90-day) supply.</li> </ul> <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p><b>Long Term Care Pharmacy</b><br/>You can get drugs the following way:</p> <ul style="list-style-type: none"> <li>• One-month (31-day) supply.</li> </ul> <p><b>Catastrophic Coverage</b><br/>You pay a \$0 copay.</p> <p><b>Out-of-Network</b><br/>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from SeniorCare Complete (HMO SNP).</p> |

\*Includes Fee-for-Service and Medical Assistance Managed Care Plans (such as Minnesota Senior Care Plus).

| Benefit Category                                 | Original Medicare & Medical Assistance (Medicaid)*                                                                                                                                                                                                                                             | SeniorCare Complete (HMO SNP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <p><b>25 - Outpatient Prescription Drugs</b></p> | <p><b>Medicaid-covered drugs</b><br/>Some drugs are excluded from Medicare Part D but are covered by your Medicaid benefit. These include some over-the-counter items, vitamins, cough and cold medicines, benzodiazepines, and barbiturates. These items, if covered, will have no copay.</p> | <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> <li>• One-month (30-day) supply.</li> </ul> <p><b>Out-of-Network Initial Coverage</b><br/>Depending on your income and institutional status, you will be reimbursed by SeniorCare Complete (HMO SNP) up to the full cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>• A \$0 copay; or</li> <li>• A \$1.10 copay; or</li> <li>• A \$2.60 copay.</li> </ul> <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> <li>• A \$0 copay; or</li> <li>• A \$3.30 copay; or</li> <li>• A \$6.50 copay.</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b><br/>You will be reimbursed in full for drugs purchased out-of-network.</p> <p><b>Medicaid-covered drugs</b><br/>\$0 copay for Medicaid-covered drugs.</p> <p>For a complete list of Medicaid-covered drugs please call Member Services at the number shown in the introduction or go to our web site at <a href="http://www.mnscha.org">www.mnscha.org</a>.</p> |
| <p><b>26 - Dental Services</b></p>               | <p>\$0 copay for Medicare- or Medicaid-covered services.</p>                                                                                                                                                                                                                                   | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>\$0 copay for Medicare- or Medicaid-covered services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

\*Includes Fee-for-Service and Medical Assistance Managed Care Plans (such as Minnesota Senior Care Plus).

| Benefit Category                | Original Medicare & Medical Assistance (Medicaid)*                                                                                                                                                                                                                                                                                                                       | SeniorCare Complete (HMO SNP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>27 - Hearing Services</b>    | \$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                                                                                                    | <b>In-Network</b><br>\$0 copay for Medicare- or Medicaid-covered services.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>28 - Vision Services</b>     | <p>\$0 copay for Medicare- or Medicaid-covered eye exams.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$3 copay for Medicaid covered eyeglasses.</p> <p>Eyeglasses limited to one pair every 24 months under Medicaid unless medically necessary.</p> <p>Annual glaucoma screenings covered for people at risk.</p> | <p><b>In-Network</b></p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> <li>• Medicare- or Medicaid-covered eye exams,</li> <li>• a pair of eyeglasses,</li> <li>• a pair of eyeglasses or contact lenses after each cataract surgery, or</li> <li>• contact lenses for certain conditions when eyeglasses will not work.</li> </ul> <p>Eyeglasses limited to one pair every 24 months under Medicaid unless medically necessary.</p> <p>Annual glaucoma screenings covered for people at risk.</p> |
| <b>Over-the-Counter Items</b>   | <p>\$0 copay for Medicaid-covered services.</p> <p><b>Not covered under Medicare.</b></p>                                                                                                                                                                                                                                                                                | <b>In-Network</b><br>\$0 copay for Medicaid-covered services.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Transportation (Routine)</b> | <p>\$0 copay for Medicaid-covered services.</p> <p><b>Not covered under Medicare.</b></p>                                                                                                                                                                                                                                                                                | <b>In-Network</b><br>\$0 copay for Medicaid-covered services.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Acupuncture</b>              | <p>\$3 copay for Medicaid-covered services for chronic pain in limited circumstances.</p> <p><b>Not covered under Medicare.</b></p>                                                                                                                                                                                                                                      | <b>In-Network</b><br>\$0 copay for Medicaid-covered services for chronic pain in limited circumstances.                                                                                                                                                                                                                                                                                                                                                                                                       |

\*Includes Fee-for-Service and Medical Assistance Managed Care Plans (such as Minnesota Senior Care Plus).

## Medical Assistance (Medicaid) Benefits

Many of the services that are covered by Medical Assistance (Medicaid) are also covered by Medicare through your Medicare Advantage SNP. These services are not listed below. Only the services that are not covered by Medicare are shown.

The chart below compares some important benefits covered by Medical Assistance (Medicaid)\* and/or our plan.

| Benefit Category                                                                                                                                                                                                                                                                              | Medical Assistance (Medicaid)*                                                     | SeniorCare Complete (HMO SNP)                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Care Coordination</b>                                                                                                                                                                                                                                                                      | Not covered.                                                                       | <b>In-Network</b><br>\$0 copay for Medicaid-covered services.                                                         |
| <b>Home and Community Based Services</b><br><br>Additional Services that are provided to help you remain in your home.                                                                                                                                                                        | \$0 copay for Medicaid-covered services.                                           | <b>In-Network</b><br>\$0 copay for Medicaid-covered services.                                                         |
| <b>Interpreter Services</b><br><br>Interpreter services are available to help you get covered services. Oral interpretation is available for any language. <ul style="list-style-type: none"> <li>• Spoken language interpreter services.</li> <li>• Hearing interpreter services.</li> </ul> | \$0 copay for Medicaid-covered services.                                           | <b>In-Network</b><br>\$0 copay for Medicaid-covered services.                                                         |
| <b>Personal Care Assistant Services</b>                                                                                                                                                                                                                                                       | \$0 copay for Medicaid-covered services.                                           | <b>In-Network</b><br>\$0 copay for Medicaid-covered services.                                                         |
| <b>Over-the-Counter Items</b>                                                                                                                                                                                                                                                                 | \$0 copay for Medicaid-covered services.                                           | <b>In-Network</b><br>\$0 copay for Medicaid-covered services.                                                         |
| <b>Transportation (Routine)</b>                                                                                                                                                                                                                                                               | \$0 copay for Medicaid-covered services.                                           | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$0 copay for Medicaid-covered services. |
| <b>Acupuncture</b>                                                                                                                                                                                                                                                                            | \$3 copay for Medicaid-covered services for chronic pain in limited circumstances. | <b>In-Network</b><br>\$0 copay for Medicaid-covered services for chronic pain in limited circumstances.               |

\*Includes Fee-for-Service and Medical Assistance Managed Care Plans (such as Minnesota Senior Care Plus).

# Why Choose South Country?

- We have local, responsive customer service.
- We are owned by the counties we serve, and support our local providers.
- We have local staff in every county to better meet your needs.
- We use one identification card to combine all medical, dental and pharmacy services.
- We promote healthy activities and safety through member communication, education, and Take Charge! rewards.

## Questions?

### Call Member Services:

**1-866-567-7242 (toll free)**

**711 (TTY)**

**or visit our web site**

**[www.mnscha.org](http://www.mnscha.org)**