

**Blue Cross and Blue Shield of Minnesota
and Blue Plus**

P.O. Box 64560
St. Paul, MN 55164-0560
(651) 662-6013 / (651) 662-5545



Hello:

Thank you for choosing Blue Plus as your health plan. You may have another choice for your health care needs. Blue Plus offers a plan called SecureBlueSM (HMO SNP).

SecureBlue includes your Medical Assistance. It also includes your hospital, medical and prescription drug coverage under Medicare. You will only have **one member ID card** to use for all of these services. SecureBlue also has a **large network** of doctors, pharmacies and hospitals.

SecureBlue offers the Silver&Fit[®] Exercise Program. There is no cost to you. You will be able to use many fitness facilities or at-home exercise kits. Transportation is provided up to 12 times per month to a Silver&Fit[®] Fitness facility. For information call the number on the Silver&Fit[®] brochure, included in this packet.

This plan also provides access to some of our newest benefits at no additional cost to you:

- Doctor On Demand virtual visits with a board-certified doctor, psychiatrist or psychologist via smartphone, tablet or computer.
- In-home medication review from a pharmacist following an inpatient hospital or nursing home stay.
- Home-delivered meals for up to four weeks following an inpatient hospital or nursing home stay.

If you have more questions about SecureBlue or want to enroll, you can call your Care Coordinator. We are happy to answer your questions and help you enroll. Please call us Monday through Friday, 8 a.m. to 8 p.m., at **(651) 662-3584**, toll free **1-866-477-1584**, TTY **711**. This call is free.

SecureBlueSM (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in SecureBlue (HMO SNP) depends on contract renewal.

Thank you for your interest in SecureBlue. We look forward to talking with you.

Sincerely,
Partner Relations Team

Enclosures

F10566R02 (02/17) H2425_001_041317a_DD01 CMS Approved 05/03/2017

bluecrossmn.com

**SecureBlue 1-888-740-6013; Blue Advantage and MinnesotaCare 1-800-711-9862;
TTY 711**

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

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

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

గំណత់సంకాలం ፣ ပြీక్షకణ్ణయం నీ గుర్తించగల సాధనం: కేవలం ఆంగ్లం నుండి తెలుగు భాషకు మాత్రమే ఉచిత సహాయం లభిస్తుంది ፣

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

ථවුන් දැක්වෙන්නේ නොවේ. ඔබගේ චිත්තවේගයට අනුව මෙම ලේඛනයේ මෙහෙයවීමට සූදානම් වීමට ඔබට අවස්ථාවක් ඇත.

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

ໂປຣໂຊຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຽງ, ຈົ່ງໂທໂປໂທທາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

LB2 (8-16)

Civil Rights Notice

Discrimination is against the law. Blue Plus does not discriminate on the basis of any of the following:

- Race
- Color
- National origin
- Creed
- Religion
- Sexual orientation
- Public assistance status
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)
- Marital status
- Political beliefs
- Medical condition
- Health status
- Receipt of health care services
- Claims experience
- Medical history
- Genetic information

Auxiliary Aids and Services. Blue Plus 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 Blue Plus at Civil.Rights.Coord@bluecrossmn.com, or call Blue Plus Member Services (651) 662-6013 (voice) or 1-888-740-6013 (toll-free) for SecureBlue or (651) 662-5545 or 1-800-711-9862 for Blue Advantage and MinnesotaCare, or your preferred relay service.

Language Assistance Services. Blue Plus 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 Blue Plus at Civil.Rights.Coord@bluecrossmn.com, or call Blue Plus Member Services (651) 662-6013 (voice) or 1-888-740-6013 (toll-free) for SecureBlue or (651) 662-5545 or 1-800-711-9862 for Blue Advantage and MinnesotaCare, or your preferred relay service.

Civil Rights Complaints

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

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

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

- Race
- Color
- National origin
- Age
- Disability
- Sex (including sex stereotypes and gender identity)

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

Director
U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice) | 800-537-7697 (TDD)
Complaint Portal – <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Minnesota Department of Human Rights (MDHR)

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

- Race
- Color
- National origin
- Religion
- Creed
- Sex
- Sexual orientation
- Marital status
- Public assistance status
- Disability

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

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
(651) 539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
(651) 296-9042 (Fax)
Info.MDHR@state.mn.us (Email)

Minnesota Department of Human Services (DHS)

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

- Race
- Color
- National origin
- Creed
- Religion
- Sexual orientation
- Public assistance status
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)
- Marital status
- Political beliefs
- Medical condition
- Health status
- Receipt of health care services
- Claims experience
- Medical history
- Genetic information

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

DHS will notify you in writing of the investigation's outcome. You have a right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome period. 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 administration actions.

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

ATTN: 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

Blue Cross and Blue Shield of Minnesota and Blue Plus

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of medical condition, health status, receipt of health care services, claims experience, medical history, genetic information, disability (including mental or physical impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312 or use your preferred relay service

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

American Indians: 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 health plan primary care provider prior to the referral.