



# 2021 SECUREBLUE<sup>SM</sup> (HMO SNP)

## The simplicity of medical and drug coverage in one plan.

### ONE PLAN TO MEET YOUR HEALTH NEEDS

Get your state Medical Assistance benefits plus your hospital, medical and prescription drug coverage under Medicare. It's an all-in-one package.

**Quality care is always nearby.** We have a large network of doctors, specialists, primary care clinics, pharmacies and hospitals in Minnesota.

### SEEING A SPECIALIST IS EASY

SecureBlue is an "open-access" health plan. So you don't need permission or a referral from your primary care clinic to see a specialist in your plan's network.

However, for some medical services or procedures, your doctor and SecureBlue must agree that you need the service or procedure before you get it, and that SecureBlue can pay for it under your plan's rules. This is called a "prior authorization."

**Drug coverage assistance.** Your Medical Assistance approved prescription drugs will be fully covered.

**Additional dental coverage.** Basic dental services, including X-rays, fillings, checkups and teeth cleanings. SecureBlue also covers root canals and crowns as well as dental deep cleanings and root planing and scaling at no additional cost to you.

**BlueRide<sup>SM</sup>.** Need a ride to your medical appointments? No problem. We'll pick you up with our BlueRide program. BlueRide is for covered medical, dental and mental health appointments, to pick up prescriptions, and to pick up or repair durable medical equipment (DME). You can also use BlueRide when discharged from a hospital. To schedule, change or cancel a ride, call toll-free 1-866-340-8648 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.



## WHO IS ELIGIBLE FOR SECUREBLUE?

Available to beneficiaries who are age 65 or older, receive Medical Assistance (Medicaid), have both Medicare Part A and Part B, and live in the service area.



# SERVICES AND SUPPORT WHEN YOU NEED THEM

## CARE COORDINATORS SUPPORT YOUR HEALTH AND SAFETY

You'll get a care coordinator with your SecureBlue plan — someone who works with your clinic, doctor, dentist and others to get you the health care you need. Your care coordinator can:

- Help you find a specialist
- Provide information on preventing illnesses, accidents and trips to the hospital
- Assist you with your care during and after a hospitalization
- Help you better understand your medications
- Answer your questions
- Provide information to help you and your family make health care decisions
- In addition to medical support, your care coordinator can also order you a **free electric toothbrush**.

## HELPFUL RESOURCES

Good health begins with healthy habits. But sticking to healthy habits isn't always easy. That's why your SecureBlue plan includes tools, resources, and additional support to help you set healthy goals and reach them, all at no additional cost to you.

### Coaching and support

- **Mental health, drug and alcohol services.** Help and support for drug, alcohol and mental health issues are available through our behavioral health network.
- **Quitting tobacco.** Work with a wellness coach to develop and maintain a plan to quit.
- **Nurse line.** A nurse is available 24 hours a day, seven days a week to answer your health-related questions.
- **Chronic condition management.** If you're living with an ongoing health condition or you have had a major illness or injury, a nurse can help you make the best choices for your care and help you follow your treatment plan.

### Additional tools and resources

- **SilverSneakers® health and fitness program.** Membership<sup>1</sup> includes access to thousands of locations<sup>2</sup> across the country that may include weights and machines, plus group exercise classes led by trained instructors at select locations.
- **Juniper®<sup>3</sup> health & wellness classes.** Attend evidence-based classes on falls prevention, chronic disease and pain management right in your own community.
- **Activity tracker.** Get help staying healthy and active with an activity tracker you can wear.
- **Transportation.** Up to one round-trip ride per day, per benefit to a SilverSneakers participating fitness location; Alcoholics Anonymous (AA); Narcotics Anonymous (NA); or evidence-based health education classes.
- **Face masks.** Choice of two reusable or one box of 50 disposable face masks.

## ENROLLING IS SIMPLE

We are happy to answer your questions and tell you if you qualify. We can even help you fill out an enrollment form.

Call us toll free at **1-866-477-1584**

TTY: **711** (the call is free)

8 a.m. to 8 p.m., Monday through Friday

[bluecrossmn.com/secureblue](https://bluecrossmn.com/secureblue)

<sup>1</sup> Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

<sup>2</sup> Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

<sup>3</sup> Juniper is an independent company providing a statewide network that helps people manage chronic health conditions, prevent falls and foster wellbeing.

SilverSneakers is a registered trademark of Tivity Health, Inc. All rights reserved.

## 2021 SECUREBLUE BENEFIT HIGHLIGHTS

<b>Doctor office visits</b>	\$0 copay for covered services and preventive office visits
<b>Immunizations</b>	\$0 copay for pneumonia and annual flu vaccines. If you are at risk under Medicare Part B rules, you may also qualify for Hepatitis B and other vaccines.
<b>Help for members with one or more chronic medical conditions</b>	<ul style="list-style-type: none"> <li>• Transportation to grocery shopping (up to six rides per month)*</li> <li>• Smart pill box medication dispenser to manage multiple medications*</li> <li>• Wheelchair/walker safety pouch/tote for carrying necessary items*</li> <li>• Home-delivered meals (two meals per day for up to 12 weeks) for members who are helped by nutrition support*</li> </ul>
<b>Personal Emergency Response System (PERS)</b>	\$0 copay for an in-home or mobile PERS device that notifies appropriate personnel of a health-related emergency.*
<b>Additional podiatry services</b>	\$0 copay for additional podiatry services not already covered by Medicare (maximum of 12 visits per calendar year)
<b>\$750 home safety items</b>	\$0 copay for home safety items: grab bars, step support for the bed, hand-held shower, and more*
<b>Nursing home</b>	No prior three-day hospital stay required
<b>Dental services</b>	<ul style="list-style-type: none"> <li>• \$0 copay for two preventive exams per calendar year and basic services including X-rays and fillings</li> <li>• \$0 copay for two gum disease dental visits per calendar year</li> <li>• \$0 copay for one root planing and scaling visit every two calendar years</li> <li>• \$0 copay for root canals (molar). Any molar, one tooth per lifetime.</li> <li>• \$0 copay for up to one dental crown per year. (Any tooth, prior authorization is not required.)</li> <li>• Free electric toothbrush plus three replacement brush heads*</li> </ul>
<b>Medicare Part D prescription drugs</b> View your formulary for a list of covered drugs.	<ul style="list-style-type: none"> <li>• \$0 copay for Medical Assistance (Medicaid)-covered Medicare Part D drugs</li> <li>• <i>Tier 1 Generic Drugs:</i> Your copay for a one-month (31-day) supply is \$0/\$1.30/\$3.70** per prescription</li> <li>• <i>Tier 1 Brand Drugs:</i> Your copay for a one-month (31-day) supply is \$0/\$4.00/\$9.20** per prescription</li> </ul> **Copays for prescription drugs may vary based on the level of Extra Help you receive
<b>Extended-day supply on select prescriptions</b>	For the three types of maintenance drugs listed below, the cost for a 90-day supply is the same as for a 31-day supply <ul style="list-style-type: none"> <li>• All diabetic management medications (now including insulins)</li> <li>• All blood pressure, diuretic, cholesterol, or nitroglycerin medications</li> <li>• Antidepressant medications</li> </ul>
<b>Home-delivered meals and nutrition education program</b>	\$0 copay for home-delivered meals combined with nutrition education provided by a licensed dietitian. Members discharged from an inpatient hospital or short-term nursing home stay can get two meals per day for up to four weeks. Must use designated providers for this service.
<b>In-home medication review</b>	\$0 copay for in-home medication review from a board-certified pharmacist following an inpatient hospital or short-term nursing home stay
<b>Support for caregivers</b>	<ul style="list-style-type: none"> <li>• \$0 copay for a technology-enabled coaching, education and support service for caregivers of persons living with dementia or cognitive impairment</li> <li>• \$0 copay for a binder to hold and organize papers and instructions for member care*</li> </ul>

\* Authorization by the care coordinator is required.

**Enrollment and eligibility:** You must continue to pay your Medicare Part B premium if it is not otherwise paid for under Medicaid or by another third party. Premiums, copayments, coinsurance and deductibles may vary based on the level of Extra Help that you may receive. Please contact Member Services for further details.

SecureBlue Part D prescription drug coverage is available only to SecureBlue members. If you are enrolled in a Medicare Advantage Plan with Part D prescription drug coverage, you will be automatically disenrolled from that plan when you enroll in SecureBlue.

**Provider network:** Blue Plus has a group of doctors, specialists, hospitals and other providers, called our “network,” who have agreed to serve our members. With a few exceptions, you must get care from network providers. These exceptions include emergency or urgent care; “open access” services such as family planning; out-of-network dialysis services; or services that were authorized before you joined SecureBlue. If you get routine care from out-of-network providers, neither Medicare nor Blue Plus will pay for it.

**Formulary and network:** Formulary and non-formulary drugs are subject to change within a contract year. You will be notified at least 30 days in advance when drugs are removed from the formulary. Drug coverage benefits are subject to limitations.

SecureBlue members must use network pharmacies to access their prescription drug benefit, except under nonroutine circumstances when you cannot reasonably use network pharmacies. Quantity limits and restrictions may apply.

Blue Plus contracts with Prime Therapeutics LLC, an independent company providing pharmacy benefit management services. Prime has contracts with pharmacies that equal or exceed the Centers for Medicare & Medicaid Services (CMS) requirements for pharmacy access in your area. Members can go to more than 65,000 pharmacies nationwide. Types of network pharmacies include: retail, home infusion, long-term care and Indian/Tribal/Urban. The pharmacies in our network can change at any time. For more information on the pharmacy network, call Member Services or write to Prime Therapeutics, 2900 Ames Crossing Road, Eagan, MN 55121.

**Extra Help:** If you have Medical Assistance, you qualify for and are getting extra help to pay for your prescription drug premiums and costs.

If you have questions about Extra Help, contact:

- **1-800-Medicare (1-800-633-4227).** TTY users should call **1-877-486-2048**, 24 hours a day, 7 days a week;
- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**; or
- Your State Medicaid Office.
- These calls are free.

**Federal contract:** SecureBlue<sup>SM</sup> (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 depends on contract renewal. Enrollment in the plan after December 31, 2021 cannot be guaranteed. Either CMS or the plan may choose not to renew the contract, or the plan may choose to change the area it serves. Any such change may result in termination of your enrollment.

**Plan ratings:** Medicare rates how well plans perform in such areas as detecting and preventing illness, and customer service. The ratings are online at <https://www.medicare.gov>. A summary of the plan ratings is available upon request by calling Member Services.

**Other information:** Call 1-888-740-6013 (TTY: 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 for more information. This call is free.

## MEMBER SERVICES:

Call us toll free 1-888-740-6013, TTY users call 711 (this call is free), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. You can also obtain information by writing to SecureBlue, PO Box 64033, St. Paul, MN 55164-4033.

SecureBlue 1-888-740-6013, 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။

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

ဟ်သုာ်ဟ်သးဘၣ်တက့ၢ်. ဝဲနမ့ၢ်လိာ်ဘၣ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘၣ်လိာ်ဝဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ, ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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.

## 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](mailto:Civil.Rights.Coord@bluecrossmn.com), or call SecureBlue Member Services at 1-888-740-6013 (TTY: 711), or your preferred relay services. The call is free.

**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](mailto:Civil.Rights.Coord@bluecrossmn.com), or call SecureBlue Member Services at 1-888-740-6013 (TTY: 711), or your preferred relay services. The call is free.

## 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
- religion (in some cases)

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

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue SW  
Room 515F  
HHH Building  
Washington, DC 20201  
Customer Response Center: Toll-free: 800-368-1019  
TDD 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

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

In Minnesota, you have the right to file a complaint with the MDHR if you 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  
540 Fairview Avenue North  
Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

### **Minnesota Department of Human Services (DHS)**

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

- race
- color
- national origin
- 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 the 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. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

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

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

### **Blue Cross and Blue Shield of Minnesota and Blue Plus Complaint Notice**

You have the right to file a complaint with Blue Cross and Blue Shield of Minnesota and Blue Plus if you believe you have been discriminated against because of any of the following:

- 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
- Public Assistance Status
- Political Beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Nondiscrimination Civil Rights Coordinator  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
M495  
PO Box 64560  
Eagan, MN 55164-0560  
Toll Free: 1-800-509-5312  
TTY: 711  
Fax: 651-662-9478  
Email: [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.