

2025

SECUREBLUESM (HMO SNP)

One plan for all your healthcare needs

SecureBlue is a Minnesota Senior Health Options (MSHO) plan with a \$0 dollar premium and \$0 Part D drugs. It combines your Medicare and Medical Assistance (Medicaid) benefits into one convenient plan.

MSHO: MORE THAN MEDICAL

SecureBlue is a 4.5-star MSHO plan¹ available in all 87 counties in Minnesota. There is no monthly premium for this plan. You may qualify for extra benefits at no extra cost, such as:

- **\$0** premiums, deductibles and copays
- **\$260 every three months** for rent and utilities²
- **Free rides** to covered appointments³
- **Extra dental benefits** like two crowns (two teeth/year) and electric toothbrush with three replacement brush heads
- **\$150 every three months**⁴ to buy select over-the-counter items
- **Eyewear extras** like anti-glare lens coating, progressive lenses and transition lenses
- **Access to 97% of doctors** in Minnesota⁵

ENROLLING IS SIMPLE

We're available to answer your questions and see if you qualify. To get started, call **1-877-515-1045**, TTY **711** from 8 a.m. to 8 p.m., Monday through Friday, or visit bluecrossmn.com/2025MSHO.

SEE IF YOU QUALIFY

You must be 65 or older, have both Medicare Part A and Part B and be eligible for Medical Assistance (Medicaid) to qualify for SecureBlue. Medicare and Medical Assistance are programs that help you pay for healthcare.

Call 1-800-MEDICARE (1-800-633-4277), TTY 1-877-486-2048, to learn more about applying for Medicare. Help is available 24 hours a day, seven days a week.

¹Every year, Medicare evaluates plans based on a 5-star rating system. Star rating information is on medicare.gov/plan-compare. For 2024, Blue Plus received the following plan Star Ratings from Medicare: 4.5 Stars. ²Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Member Services. Members must have one or more of the following chronic conditions: COPD, diabetes or hypertension. Quarterly balance does not carry over. ³Restrictions and conditions apply. ⁴Quarterly balance does not carry over.

⁵Medicare-contracted doctors compared to internal Blue Cross and Blue Shield of Minnesota data, April 2024. Some network limitations may apply.

Plan resources to better manage your health

In addition to your medical care, SecureBlue comes with extra resources to help you take care of your health, all at no additional cost.

SUPPORT FROM YOUR CARE TEAM

Care coordinator. A care coordinator is a licensed nurse, social worker or qualified healthcare provider who can help you:

- Access home healthcare, community-based services and local resources
- Understand your benefits and help get you enrolled in special programs
- Find transportation to doctor appointments
- Coordinate care between your primary care clinic and specialists
- Get information you and your family can use to make decisions
- Manage your care before and after a hospitalization

Your care coordinator will typically reach out to you within the first month of joining the plan.

Case manager. If you have a major illness, injury or chronic health condition, you may be assigned a case manager. They will help you:

- Better understand your condition or disease and help you follow your treatment plan
- Find in-network providers and behavioral health support
- Set up doctor visits and follow-up appointments
- Answer your questions between doctor visits

A case manager will be assigned to you based on your needs.



SecureBlue Member Services: 1-888-740-6013, TTY 711, 8 a.m. to 8 p.m. Central Time, 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.

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 depends on contract renewal.

SPECIALIZED SUPPORT

Online behavioral health program.

Concerned about substance use, stress, insomnia, depression, social anxiety, panic or resilience? Learn to Live is an online program that's available anytime to help you work through it.

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support.

Nurse line. Get professional medical advice and information from registered nurses 24 hours a day, seven days a week.

Behavioral health crisis line. Get information and support for mental health and substance use counseling.

Quitting tobacco support. Get personalized guidance for developing a quit plan and ongoing support from a wellness coach.

Post-discharge home support. A certified community health worker is available to help you during the first 30 days after a hospital or short-term skilled nursing facility stay as you transition back home.

Medication Therapy Management. If you are taking multiple medications, a specialized pharmacist can meet with you to talk about your list of medications, find ways to manage any side effects that bother you and look for ways to lower your costs. Receive a \$50 reward card when you complete a comprehensive medication review.*

*SecureBlue to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. SecureBlue is a type of Medicare Advantage coordinated-care plan. The reward may result in a taxable event. Consult your tax advisor.



Extra resources

When you need a little extra help, it can be hard to know where to go. Find additional resources to support you in your healthcare journey.

Appointing a representative. Name a friend, family member, doctor or another trusted person to act on your behalf in managing your healthcare-related tasks. You and the person you choose will need to complete the Appointment of Representative form.

Translation and interpretation assistance. If English is not your first language, call **1-888-740-6013**, TTY **711**, to request an interpreter.

Compare SecureBlue and MSC+

SecureBlue and Blue AdvantageSM Minnesota Senior Care Plus (MSC+) from Blue Plus offer some of the same benefits, but SecureBlue offers more complete coverage. It includes additional benefits at no additional cost to you. A care coordinator is available to explain your benefits and help arrange services for you.

PLAN BASICS	SecureBlue	MSC+
No premiums, deductibles or Medicaid cost sharing	✓	✓
One member ID card for all medical services and prescription drugs	✓	—
Medicare Part D prescription drug coverage	✓	—
ADDITIONAL COVERAGE		
Over-the-counter allowance: \$150 per quarter to purchase select over-the-counter items from a CVS catalog	✓	—
Additional dental benefits: 2 crowns (2 teeth/year) and electric toothbrush with 3 replacement brush heads	✓	—
Eyewear extras: anti-glare lens coating, progressive lenses and transition lenses are available options for eyewear	✓	—
Nursing home: no 3-day hospital stay required for Medicare-covered skilled nursing facility	✓	Copay or 3-day stay may apply
Additional podiatry services: podiatry services not already covered by Medicare, up to 12 visits per calendar year	✓	—
HEALTH AND WELLBEING AND SAFETY ASSISTANCE		
SilverSneakers[®] fitness program: access to more than 15,000 fitness locations and online workouts	✓	—
BlueRideSM transportation: rides to covered medical, dental and mental health appointments	✓	✓
Friendly helper: in-person and virtual support services to increase community connections and help with everyday tasks like light household chores, grocery shopping and more	✓	—
Home safety items: up to \$750 for safety items to prevent injuries in the home	✓	—
Personal emergency response system (PERS): in-home or mobile PERS devices to let you call for help in an emergency	✓	—
Medication dispenser: reminders with notifications to caregiver of missed doses	✓	—

HEALTH AND WELLBEING AND SAFETY ASSISTANCE (CONT.)	SecureBlue	MSC+
Music therapy for members in residential or long-term care settings with certain mental health-related needs. Up to 26 sessions per year.	✓	—
Juniper® health education classes: free, evidence-based classes on falls prevention, chronic disease and pain management	✓	—
Support for caregivers: coaching, education and support for caregivers of people living with dementia, stroke or Parkinson's disease	✓	—
Caregiver emergency planning: in-depth care plan to be activated if the caregiver can no longer care for their loved one	✓	—
POST-DISCHARGE HELP		
Post-discharge healthy transitions: support for your transition home during the first 30 days after discharge from a hospital or short-term skilled nursing facility	✓	—
Home-delivered meals: 14 meals per week for up to 2 weeks following an inpatient hospital or short-term stay at a skilled nursing facility	✓	—
ADDITIONAL HELP FOR MEMBERS WITH ONE OR MORE CHRONIC HEALTH CONDITIONS*		
Household support¹: quarterly allowance of \$260 to help pay for your rent and utility bills	✓	—
Medically tailored meals¹: customized meals, food boxes and nutrition education to support and improve your health	✓	—
Transportation for grocery shopping²: up to 6 round-trip rides per month	✓	—
Blood pressure monitor³: 1 monitor to track your blood pressure	✓	—
Animatronic pet⁴: choice of an animatronic cat, dog or bird	✓	—

*Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Member Services. Members must have one or more of the following chronic conditions:

^{1,2} COPD

² Other eligible conditions not listed

^{2,3} ESRD

^{2,4} Dementia

^{1,2,3} Diabetes

^{2,3} Stroke

⁴ Social isolation

^{1,3} Hypertension

^{2,3} Cardiovascular disorders

^{2,4} Cognitive impairment

CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services.

SilverSneakers® is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.

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

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။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

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.

ဟ်သူဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປທິໝາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

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

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Blue Plus. You can file a complaint and ask for help 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

1800 Yankee Doodle Road, Eagan, MN 55121

Toll Free: 1-800-509-5312, TTY: 711

Fax: 651-662-9478

Email: Civil.Rights.Coord@bluecrossmn.com

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 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, 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 also contact any of the following agencies directly to file a discrimination complaint.

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

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

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

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

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

Midwest Region

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

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

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

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

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

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

Minnesota Department of Human Rights

540 Fairview Avenue North, Suite 201, St. Paul, MN 55104

651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)

Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

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

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

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

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

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

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

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

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

M08358 (7/24) H2425_080624_K01_C DHS Approved 08/12/2024

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

M08060R01 (9/24)

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Blue Plus - H2425

For 2024, Blue Plus - H2425 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★☆

Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Blue Plus 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 866-477-1584 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 888-740-6013 (toll-free) or 711 (TTY).

H2425_070824_001_M
H2425_102323_002_M
M08216R02 (07/24)

2025

SUMMARY OF BENEFITS

SecureBlueSM (HMO SNP)

H2425-001

January 1, 2025–December 31, 2025

Member Services: **1-888-740-6013**, TTY **711**

8 a.m. to 8 p.m. Central Time, 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. Or visit **bluecrossmn.com/secureblue**.

H2425_082724_K01_M

Blue Cross[®] and Blue Shield[®] of Minnesota and Blue Plus[®] are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

F8870R19 (07/24)



Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-740-6013. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-740-6013. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-740-6013。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-740-6013。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-740-6013. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-740-6013. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-740-6013 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-740-6013. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-740-6013. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-740-6013. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-740-6013. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-740-6013 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-740-6013. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-740-6013. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-740-6013. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-740-6013. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-740-6013にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

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.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လီတဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປທິໝາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

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

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Blue Plus. You can file a complaint and ask for help 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

1800 Yankee Doodle Road, Eagan, MN 55121

Toll Free: 1-800-509-5312, TTY: 711

Fax: 651-662-9478

Email: Civil.Rights.Coord@bluecrossmn.com

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 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, 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 also contact any of the following agencies directly to file a discrimination complaint.

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

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

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

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

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

Midwest Region

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

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

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

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

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

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

Minnesota Department of Human Rights

540 Fairview Avenue North, Suite 201, St. Paul, MN 55104

651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)

Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

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

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

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

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

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

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

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

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

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Introduction

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

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If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

A. Disclaimers



This is a summary of health services covered by SecureBlue for January 1, 2025–December 31, 2025. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can view the *Member Handbook* on our website at bluecrossmn.com/secureblue. If you would like a print copy, call SecureBlue Member Services at the numbers on the bottom of this page.

- This information is not a complete description of benefits. Call Member Services at the numbers at the bottom of the page for more information.
- 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 depends on contract renewal.
- SecureBlue is for people age 65 and over who live in the service area and have both Medicare Part A and Part B and have Medical Assistance.
- Under SecureBlue you can get your Medicare and Medical Assistance services in one health plan. A SecureBlue care coordinator will help manage your health care needs.
- For information about choice counseling services, call the Minnesota Department of Human Services Health Care Consumer Support (HCCS) line at **1-651-297-3862** or **1-800-657-3672**.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([medicare.gov](https://www.medicare.gov)) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services.
- SilverSneakers® is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs
- The Blue Cross® and Blue Shield® of Minnesota MasterCard® Prepaid Card, myFlexCard, is issued by Stride Bank, N.A., Member FDIC, pursuant to license by MasterCard International.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-888-740-6013**. Someone that speaks your preferred language can help you. This is a free service.

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

- You can get this document for free in other formats, such as large print, braille, or audio. Call SecureBlue Member Services at **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. The call is free.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Member Services at the numbers at the bottom of the page.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

B. Frequently Asked Questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Minnesota Senior Health Options (MSHO) plan?	<p>Our plan is part of the Minnesota Senior Health Options (MSHO) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for seniors age 65 and over. Our plan combines your Medicare and Medical Assistance services. It combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p> <p>Our MSHO program is called SecureBlue.</p>
Will I get the same Medicare and Medical Assistance benefits in SecureBlue that I get now?	<p>You will get most of your covered Medicare and Medical Assistance benefits directly from SecureBlue. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from another source, such as the State, county, Federal government, or Tribal nation.</p> <p>When you enroll in SecureBlue, you and your care team or care coordinator will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that SecureBlue does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for SecureBlue to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Frequently Asked Questions	Answers
Can I go to the same doctors I use now?	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with SecureBlue and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in SecureBlue’s network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of SecureBlue’s plan. You may also use out-of-network providers when SecureBlue authorizes the use of out-of-network providers. If SecureBlue is new for you, you can continue using the providers you use now for up to 120 days in certain situations. For more information, call Member Services.• If you are currently under treatment with a provider that is out of SecureBlue’s network or have an established relationship with a provider that is out of SecureBlue’s network, call Member Services to check about staying connected. <p>To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read SecureBlue’s <i>Provider and Pharmacy Directory</i> on our website at bluecrossmn.com/secureblue.</p> <p>If SecureBlue is new for you, we will work with you to develop a care plan to address your needs.</p>

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Frequently Asked Questions	Answers
<p>What is a SecureBlue care coordinator?</p>	<p>A SecureBlue care coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need, including the following:</p> <ul style="list-style-type: none"> • Assisting you in arranging for, getting, and coordinating assessments, tests, and health and long-term care supports and services • Working with you to develop and update your care plan • Supporting you and communicating with a variety of agencies and persons • Coordinating other services as outlined in your care plan • Helping you find a specialist • Helping you learn about your medications • Answering your questions • Providing information to help you and your family make the right health care decisions • Providing information on preventing illness, accidents and trips to the hospital • Assisting with your care during and after a hospitalization
<p>What are Long-Term Services and Supports (LTSS)?</p>	<p>Long-Term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.</p>
<p>What happens if I need a service but no one in SecureBlue's network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, SecureBlue will pay for the cost of an out-of-network provider. A prior authorization may be required before getting services from out-of-network providers.</p>

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Frequently Asked Questions	Answers
<p>Where is SecureBlue available?</p>	<p>The service area for this plan includes: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnommen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, St. Louis, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright and Yellow Medicine counties. You must live in one of these areas to join the plan. Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means an approval from SecureBlue to seek services outside of our network or to get services not routinely covered by our network before you get the services. SecureBlue may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. SecureBlue can provide you or your provider with a list of services or procedures that require you to get prior authorization from SecureBlue before the service is provided.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under SecureBlue?	No. Because you have Medical Assistance you will not pay any monthly premiums for your health coverage. However, you must continue to pay for your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance or another third party.
Do I pay a deductible as a member of SecureBlue?	No. You do not pay deductibles in SecureBlue.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of SecureBlue?	There is no cost sharing for medical services in SecureBlue, so your annual out-of-pocket costs will be \$0.

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	\$0	
	Ambulatory surgical center (ASC) services	\$0	
You want a doctor	Doctor or surgeon care	\$0	
	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories. Contact the plan for details.
	Urgent care	\$0	Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services are NOT covered outside the U.S. and its territories. Contact the plan for details.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Authorization rules may apply.
	Lab tests and diagnostic procedures, such as blood work	\$0	Authorization rules may apply.
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	\$0	See Additional Services on page 15.
	Restorative and emergency dental care	\$0	
You need eye care	Eye exams	\$0	Selection may be limited.
	Glasses or contact lenses	\$0	
	Other vision care	\$0	
You need mental health services	Mental health services	\$0	
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	
You need substance use disorder services	Substance use disorder services	\$0	

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need a place to live with people available to help you	Customized Living (services provided in an assisted living setting)	\$0	State eligibility requirements may apply.
	Skilled nursing care	\$0	Medically necessary skilled nursing care is covered.
	Nursing home care	\$0	
	Adult Foster Care and Group Adult Foster Care	\$0	State eligibility requirements may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	
You need help getting to health services	Ambulance services	\$0	
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	SecureBlue is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home. SecureBlue is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home.
	Transportation to other health services	\$0	

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p>
	<p>Medicare Part D prescription drugs</p> <p>Tier 1 generic drugs</p> <p>Tier 1 brand name drugs</p>	<p>Tier 1 generic drugs: \$0 for a 31-day supply.</p> <p>Tier 1 brand name drugs: \$0 for a 31-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to SecureBlue's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>SecureBlue may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from SecureBlue for certain drugs.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Plan Finder on medicare.gov.</p> <p>You can get up to a 90-day supply for most prescription drugs at most retail pharmacy locations or mail-order pharmacies. A 90-day supply has the same copay as a 31-day supply.</p>

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SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			For certain kinds of drugs, you can use the plan's network mail-order services. Generally, the drugs provided through mail-order are drugs that you take on a regular basis, for a chronic or long-term medical condition.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to SecureBlue's <i>List of Covered Drugs</i> (Drug List) for more information.
You need help getting better or have special health needs	Rehabilitation services	\$0	
	Medical equipment for home care	\$0	
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	Additional details are found on page 21.
	Orthotic services	\$0	Authorization rules may apply.
You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .	Wheelchairs, crutches, walkers	\$0	Authorization rules may apply.
	Nebulizers	\$0	
	Oxygen equipment and supplies	\$0	

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help living at home	Home care	\$0	Authorization rules may apply.
	Personal care assistant	\$0	Authorization rules may apply.
	Changes to your home, such as ramps and wheelchair access	\$0	State eligibility requirements may apply.
	Home services, such as cleaning or housekeeping	\$0	State eligibility requirements may apply.
	Meals brought to your home	\$0	State eligibility requirements may apply.
	Adult day services or other support services	\$0	State eligibility requirements may apply.
	Services to help you live on your own	\$0	State eligibility requirements may apply.
Your caregiver needs some time off	Respite care	\$0	State eligibility requirements may apply.
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
Additional services (continued on next page)	Acupuncture	\$0	Maximum 12 acupuncture visits in 90 days for members with chronic low back pain. Additional sessions for

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)			<p>low back pain and/or other pain or specific conditions may be covered.</p> <p>Authorization rules may apply.</p>
	Animatronic pet	\$0	<p>Choice of one animatronic cat, dog or bird per year to provide companionship, and lower anxiety and social isolation.</p> <p>Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Member Services.</p> <p>Members must have one or more of the following chronic conditions: dementia, cognitive impairment or social isolation.</p> <p>Authorization by the care coordinator is required.</p>
	Blood pressure monitor	\$0	<p>Receive a blood pressure cuff that allows blood pressure monitoring and notifications to keep regular, accurate track of your blood pressure.</p> <p>Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Member Services. Members must have one or more of the following chronic conditions: cardiovascular disorders, chronic heart failure, ESRD or stroke.</p>

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)			Authorization by the care coordinator is required.
	Care coordination	\$0	
	Chiropractic services	\$0	Authorization rules may apply.
	Dental: additional preventive dental exam	\$0	One additional dental exam each year in addition to the one covered by Medical Assistance.
	Dental: crown (any tooth)	\$0	Two crowns (any tooth) per year.
	Dental: electric toothbrush/ replacement heads	\$0	One electric toothbrush and one package of three electric toothbrush replacement heads per year. Authorization by the care coordinator is required.
	Dental: root canal (molar)	\$0	One tooth (molar) per lifetime
	Dental: root canal (retreat)	\$0	One retreat per tooth per lifetime
	Diabetes supplies and services	\$0	
	Eyeglass lens upgrades	\$0	<ul style="list-style-type: none"> • Anti-glare lens coating, up to two lenses every year • Photochromatic lens tinting, up to two lenses every year

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)			<ul style="list-style-type: none"> Progressive (no-line) lenses, up to two lenses every year
	Family planning	\$0	
	Friendly helper	\$0	<p>Receive up to 48 hours per year of in-person and virtual support services to increase community connections and help with everyday tasks.</p> <p>Authorization by the care coordinator is required.</p>
	Health and wellness education programs	\$0	<p>Classes that are designed for older adults and led by certified instructors/coaches provide education, skills, and strategies to prevent falls and promote self-management of chronic conditions including diabetes and chronic pain.</p> <p>Includes transportation via BlueRide max one round trip ride per day.</p>
	Household support services. myFlexCard for utilities and rent	\$0	<p>Receive a quarterly allowance of \$260 to help pay your utility bills and rent. You will receive a myFlexCard debit card. You can use this card to help pay for approved utilities and rent when your utility company or landlord meets certain qualifications. Unused benefits do not roll over to next quarter.</p> <p>Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details,</p>

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)			<p>please contact Member Services. Members must have one or more of the following chronic conditions: COPD, diabetes or hypertension.</p>
	Housing stabilization services	\$0	<p>Helps people with disabilities and seniors find and keep housing. Contact your care coordinator for more information.</p> <p>Authorization rules may apply.</p>
	Medically tailored, meals and food and nutrition coaching	\$0	<p>Medically-tailored food delivery options include pre-made meals (up to 2 meals per day), produce and pantry boxes and meal kits for up to 12 weeks. You will also receive nutrition education including how to manage chronic conditions through nutrition, shopping and meal planning tips.</p> <p>Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Member Services. Members must have one or more of the following chronic conditions: COPD, diabetes or hypertension.</p> <p>Must use designated provider for this service.</p> <p>Authorization by the care coordinator is required.</p>
	Medication dispenser and reminders	\$0	<p>A medication dispenser with reminders for members with multiple medications to help you safely manage medications for multiple conditions. Includes reminders and caregiver notifications for missed</p>

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)			<p>doses. For members not on a home and community-based services waiver.</p>
	Medication Therapy Management (MTM) services	\$0	<p>If you take multiple medications, it's smart to give your medication routine a check-up at least once a year. Pharmacists will meet with you or an authorized representative (i.e. caregiver or Power of Attorney) to review all of your prescriptions and non-prescriptions. The goal is to make sure you understand what medications you are taking and ensure your medications are working the best for you. Pharmacists work with your doctor to help resolve any medication problems. This visit is called a Comprehensive Medication Review (CMR).</p> <p>You will receive a \$50 reward card for participating in the CMR once in the year.</p> <p>SecureBlue to provide these benefits as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.</p> <p>SecureBlue is a Medicare Advantage coordinated-care plan that combines Medicare and Medicare Assistance (Medicaid) benefits. The reward may result in a taxable event. Consult your tax advisor.</p>
	Music therapy	\$0	<p>Maximum of 26 therapy sessions per year by a board-certified music therapist for members who reside in a nursing facility or assisted living</p>

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)			facility or foster home and who have dementia, Alzheimer’s disease, high risk of isolation, depression, or other mental health-related needs. Authorization by the care coordinator is required.
	Over the Counter OTC Health Solutions allowance	\$0	Receive an allowance of \$150 each quarter (January, April, July, October) to purchase select, over-the-counter health and wellbeing items from a CVS catalog. Unused benefits do not roll over to next quarter. Order by phone or online and have eligible items delivered to your home or shop for eligible items in CVS stores.
	Personal Emergency Response System (PERS)	\$0	Coverage of an in-home or mobile PERS device to let you call for help in an emergency. For members not on a home and community based services waiver. Authorization by the care coordinator is required.
	Podiatry: additional services	\$0	Maximum of Additional 12 visits per calendar year, not related to a specific diagnosis already covered by Medicare.
	Post-discharge Healthy Transitions	\$0	Get support for your transition home during the first 30 days after discharge from a hospital or short-term skilled nursing facility. Authorization rules may apply.

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)	Post-discharge Home-delivered home meals	\$0	Up to two home-delivered meals per day, for up to two weeks after discharge from a hospital or short term skilled nursing facility . Authorization rules may apply.
	Prosthetic services	\$0	Authorization rules may apply.
	Radiation therapy	\$0	
	Safety items	\$0	Home safety devices to help prevent injuries in the home. Items may include (but are not limited to): <ul style="list-style-type: none"> • Grab bars in the bathroom or other rooms in the home • Toilet safety rails • Shower bench or chair • Step support for the bed Up to \$750 per year Authorization by the care coordinator is required.
	Services to help manage your disease	\$0	Authorization rules may apply.
	SilverSneakers [®] health and fitness program	\$0	Membership includes access to thousands of locations ¹ across the country that may include weights and machines plus group exercise classes ² led by trained instructors at select locations. Find a location at SilverSneakers.com/locations . Members can also access online education on SilverSneakers.com ,

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)			participate in SilverSneakers Live virtual classes, get workout videos on SilverSneakers On-Demand™, or download the SilverSneakers GO™ fitness app for more workout ideas.
	Support for caregivers of members	\$0	<p>Caregiver Support Empowerment Program. Coaching, education and support for caregivers of people living with dementia, stroke or Parkinson's disease.</p> <p>Caregiver Emergency Planning. Get help creating an in-depth care plan that caregivers can activate when they can no longer care for their loved one.</p> <p>For members known to have one or more chronic medical conditions. Authorization rules may apply.</p>
	Transportation for grocery shopping	\$0	<p>Maximum six round-trip rides per month for grocery shopping.</p> <p>Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Member Services. Members must have one or more of the following chronic conditions: cardiovascular disorders, COPD, cognitive impairment, diabetes, stroke or other eligible conditions not listed.</p>

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)	Transportation services for non-medical needs	\$0	Maximum one round-trip ride per day per benefit to: <ul style="list-style-type: none"> • SilverSneakers[®] participating fitness location¹ • Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) • Health and wellness education program locations

1. 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.
2. Membership includes SilverSneakers[®] instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the SecureBlue *Member Handbook*. If you don’t have a *Member Handbook*, call SecureBlue Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit bluecrossmn.com/secureblue.

D. Benefits covered outside of SecureBlue

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

Other services covered by Medicare, Medical Assistance, or a State Agency	Your costs
Certain hospice care services covered outside of SecureBlue	\$0
Except Elderly Waiver services, other waiver services provided	\$0

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

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

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

Services SecureBlue, Medicare, and Medical Assistance do not cover
Services not considered “reasonable and necessary” according to standards of Medicare and Medical Assistance
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless criteria is met
LASIK surgery

F. Your rights as a member of the plan

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

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. SecureBlue will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): Summary of Benefits 2025

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

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

You can also call the Office of the Ombudsperson for Public Managed Health Care Programs at **1-800-657-3729** (TTY: **711** or use your preferred relay service). The call is free.

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

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

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

To file a complaint, grievance, and/or appeal please contact Member Services toll free at **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. The call is free.

H. What to do if you suspect fraud

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

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

- Call us at SecureBlue Member Services. Phone numbers are listed at the bottom of the page.
- Or, call the Minnesota Fraud Hotline at **1-800-627-9977**. TTY users may call **711**. The call is free.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users may call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.

If you have questions, please call SecureBlue Member Services at 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. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

SecureBlueSM (HMO SNP): 2025 Summary of Benefits



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

1-888-740-6013

The 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.

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

TTY: 711

The 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.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call the Nurse Line. A nurse will listen to your problem and tell you how to get care. (Examples: urgent care, emergency room.) The number for the Nurse Line is:

1-888-275-3974

The call is free. Nurse Line is available 24 hours a day, seven days a week.

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

TTY: 711

The call is free. Nurse Line is available 24 hours a day, seven days a week.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

1-888-275-3974

The call is free. 24 hours a day, seven days a week.

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

TTY: 711

The call is free. 24 hours a day, seven days a week.



SecureBlueSM (HMO SNP) Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services representative at **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. This call is free.

This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and Medical Assistance from a State plan under Medicaid.

Additional requirements are as follows:

- You live in our service area; and
- You have both Medicare Part A and Medicare Part B; and
- You are a United States citizen or are lawfully present in the United States; and
- You are age 65 or over.

Understanding the Benefits

- The **Member Handbook** provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit bluecrossmn.com/secureblue or call **1-888-740-6013** to get a copy of the **Member Handbook**.
- Review the **Provider and Pharmacy Directory** (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the **Provider and Pharmacy Directory** to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the Formulary (**List of Covered Drugs**) to make sure your drugs are covered.

Understanding Important Rules

- Benefits and/or copays may change on January 1, 2026.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the **Provider and Pharmacy Directory**).

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 depends on contract renewal.

SecureBlueSM (HMO SNP) Enrollment Form

SecureBlue Enrollment Telephone Number: 1-866-477-1584.

TTY for the hearing impaired at **711**.

Monday through Friday, 8 a.m. to 8 p.m. (except holidays).

From October 1 through February 28, phones are also answered Saturdays from 8 a.m. to 6 p.m. (closed Sundays). The call is free.

SecureBlue Member Services and

Medical Questions Telephone Number: 1-888-740-6013.

TTY for the hearing impaired at **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. The call is free.

Prescription Drug Questions: 1-888-877-6424.

TTY for the hearing impaired at **711**. 24 hours a day, seven days a week.

Return the completed form, pages 2 to 7, to: SecureBlue

Blue Plus, P.O. 982817, El Paso, TX 79998-2817

Fax to: 651-662-6315

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 depends on contract renewal.

Blue Cross[®] and Blue Shield[®] of Minnesota and Blue Plus[®] are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

M08083R01

H2425_082224_K01_C

Member Name: _____ MHCP Member Number: _____

SecureBlueSM (HMO SNP) Enrollment Request Form

To join SecureBlue, you must have **Medicare Part A**, **Medicare Part B**, and **Medical Assistance without a medical spenddown**, and be age 65 or over, and live in SecureBlue's service area. You must also be a United States citizen or be lawfully present in the U.S.

Section 1. Tell us about yourself:

1	Name: (first, middle, last)			
2	Date of birth: (_ _ / _ _ / _ _ - _ -) MM/DD/YYYY	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
3	Phone number: (_____) _____ - _____	Another phone number: (_____) _____ - _____		
4	Address where you live (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):			
	City:	State:	ZIP code:	County:
5	Address where you get mail (if different from where you live):			
	City:	State:	ZIP code:	County:
6	Do you live in a long-term care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, fill in the information below:			
	Name of the facility:		Phone number: (_____) _____ - _____	
7	Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check the language below:			
	<input type="checkbox"/> 01 Spanish <input type="checkbox"/> 02 Hmong <input type="checkbox"/> 03 Vietnamese <input type="checkbox"/> 04 Khmer (Cambodian) <input type="checkbox"/> 05 Lao <input type="checkbox"/> 06 Russian			
	<input type="checkbox"/> 07 Somali <input type="checkbox"/> 08 ASL (American Sign Language) <input type="checkbox"/> 09 Amharic <input type="checkbox"/> 10 Arabic <input type="checkbox"/> 12 Oromo <input type="checkbox"/> 14 Burmese			
	<input type="checkbox"/> 15 Cantonese <input type="checkbox"/> 16 French <input type="checkbox"/> 20 Korean <input type="checkbox"/> 21 Karen <input type="checkbox"/> 98 Other			
8	Authorized Representative (Optional):		Authorized Representative phone number (Optional): (_____) _____ - _____	

Section 2. Tell us more about yourself:

You are not required to answer questions or give any information in this section. It's your choice to share this information with us. We can't deny you coverage if you don't answer them.

9	<p>Do you want us to send you information in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, write language: _____</p>
10	<p>Do you want us to send you information in an accessible format? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, check format below.</p> <p><input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> Audio CD <input type="checkbox"/> Data CD</p> <p>Please contact SecureBlue at 1-888-740-6013 if you need information in an accessible format other than what's listed above. Our office hours are 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. TTY users can call 711. The call is free.</p>
11	<p>Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.</p> <p><input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a</p> <p><input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino/a or Spanish origin</p> <p><input type="checkbox"/> I choose not to answer</p>
12	<p>What's your race? Select all that apply.</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Vietnamese <input type="checkbox"/> White</p> <p><input type="checkbox"/> I chose not to answer</p>
13	<p>What is your gender? Select one.</p> <p><input type="checkbox"/> Woman <input type="checkbox"/> I use a different term: _____</p> <p><input type="checkbox"/> Man <input type="checkbox"/> I choose not to answer</p> <p><input type="checkbox"/> Non-binary</p>

Member Name: _____ MHCP Member Number: _____

14	Which of the following best represents how you think of yourself? Select one.	
	<input type="checkbox"/> Lesbian or gay <input type="checkbox"/> Straight, that is, not gay or lesbian <input type="checkbox"/> Bisexual	<input type="checkbox"/> I use a different term _____ <input type="checkbox"/> I don't know <input type="checkbox"/> I choose not to answer
15	Do you want to get information by email? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide your email address below.	
	Email: _____	
16	Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your spouse or domestic partner work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply
17	Name of the primary care clinic/care system you are choosing: _____	Primary care clinic/care system provider ID number found in the <i>Provider and Pharmacy Directory</i> _____

Section 3. Tell us about your Medicare and Medical Assistance coverage:

Fill in your Medicare and Minnesota Health Care Program (MHCP) information below. You can find Medicare information on your red, white, and blue Medicare card or in a letter from Social Security or the Railroad Retirement Board. Also, please put your Minnesota Health Care Program (MHCP) Member Number as it appears on the front of your card. This is also known as your Medical Assistance Member Number.

18	Medicare Number: _____	MHCP Member Number: _____
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Section 4. Tell us about your health coverage including your prescription drug coverage:

Some people have other health insurance or drug coverage through private insurance, TRICARE, Employers, Unions, Veterans Affairs, or the State Pharmaceutical Assistance Programs.

19	Do you have other health coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, fill in the information below:	
20	Name of your plan (and employer, if applicable): _____	Group number: _____
		Policy or ID number: _____

If you have health coverage from an employer or union right now, you or your dependents could lose that coverage when you join SecureBlue. Your employer or union can give you more information about your coverage. If you have questions, talk with the person in your office who takes care of benefits.

Member Name: _____ MHCP Member Number: _____

Section 5. Tell us about your enrollment eligibility.

21. Please read the following statements carefully and check the box if the statement applies to you. **Check all that apply.** By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am applying during the Medicare Advantage plan annual enrollment period from October 15 through December 7 and want my enrollment effective January 1.
- I am new to Medicare.
- I have both Medicare and Medical Assistance (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I recently had a change in my Medical Assistance (newly got Medical Assistance or had a change in level of Medical Assistance) on (date) _____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (date) _____.
- I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home). I moved or will move into or out of the facility on (date) _____.
- I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on (date) _____.
- I am leaving employer or union coverage on (date) _____.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (date) _____.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (date) _____.
- I recently was released from incarceration. I was released on (date) _____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (date) _____.
- I recently obtained lawful presence status in the United States. I got this status on (date) _____.
- I was affected by a weather-related emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, State, or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

Member Name: _____ MHCP Member Number: _____

If none of these statements apply to you or you're not sure, please contact **SecureBlue** at **1-866-477-1584** (TTY users should call **711**) to find out if you're eligible to enroll. We are open Monday through Friday, 8 a.m. to 8 p.m. (except holidays). From October 1 through February 28, phones are also answered Saturdays from 8 a.m. to 6 p.m. (closed Sundays).

Please read the information on page 7 and sign below.

When you sign this form, it means that you understand the information you read.

Name of Applicant (Please print)

Signature

Today's Date

If you are the authorized representative, **you must sign above** and provide the following information.

Name (Print)

Relationship to Enrollee

Address (Print)

Telephone Number

When the form is completed, mail or fax pages 2 to 6 to SecureBlue. Our address and fax number are on page 1.

For individuals helping enrollee with completing this form only:

Complete this section if you're an individual (i.e., agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name

Relationship to Enrollee

Signature

For agent/producer use only

Agency ID

Agent ID

National Producer Number (NPN)

Agent Name

Agent Signature

Date

I authorize my licensed agent, identified above, to enter and submit my application information online to Blue Cross electronically.

For office use only

Election Code: _____ Source ID: _____

Member Name: _____

MHCP Member Number: _____

Information and Acknowledgement Statements

<ul style="list-style-type: none">• My response to this form is voluntary. I understand that my enrollment in SecureBlue may be affected if I don't respond.• I must keep Medicare Part A and Part B and Medical Assistance to stay in SecureBlue.• I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).• By joining SecureBlue, I acknowledge that the plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize collection of this information (refer to the Privacy Act Statement below).• I understand that when my SecureBlue coverage begins, I must get my medical and prescription drug benefits from SecureBlue.• Benefits and services provided by SecureBlue and contained in my <i>Member Handbook</i> are covered. Neither Medicare nor SecureBlue will pay for benefits or services that are not covered.• I understand that SecureBlue doesn't usually cover people while they're out of the country except under limited circumstances.	<ul style="list-style-type: none">• I can choose to leave SecureBlue any month of the year. I understand that I will be enrolled in SecureBlue through the last day of the month. I understand that I will be automatically enrolled in the Minnesota Senior Care Plus (MSC+) plan, which will cover my Medical Assistance benefits. If I ask in writing, I will be enrolled in my previous MSC+ plan.• If I get a medical spenddown while enrolled in SecureBlue and do not pay it to the State, I will be disenrolled from SecureBlue.• The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.• I understand that my signature (or my authorized representative's signature) on this form means that I've read and understand the contents of this form. If an authorized representative signs, the person's signature means that they are authorized under State law to complete this enrollment, and documentation of this authority is available upon request from Medicare and/or Medical Assistance.
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PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose, and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-740-6013. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-740-6013. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-740-6013。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-740-6013。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-740-6013. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-740-6013. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-740-6013 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-740-6013. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-740-6013. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-740-6013. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-740-6013. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-740-6013 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-740-6013. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-740-6013. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-740-6013. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-740-6013. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-740-6013にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

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.

ဟ်သူၣ်ဟ်သးဘၣ်တက့ၢ်. ဝဲနမ့ၢ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘၣ်လီတဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປທິໝາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

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

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Blue Plus. You can file a complaint and ask for help 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

1800 Yankee Doodle Road, Eagan, MN 55121

Toll Free: 1-800-509-5312, TTY: 711

Fax: 651-662-9478

Email: Civil.Rights.Coord@bluecrossmn.com

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 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, 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 also contact any of the following agencies directly to file a discrimination complaint.

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

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

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

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

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

Midwest Region

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

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

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

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

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

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

Minnesota Department of Human Rights

540 Fairview Avenue North, Suite 201, St. Paul, MN 55104

651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)

Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

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

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

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

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

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

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

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

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