



**Allina Health Aetna Medicare Eagle (PPO) offered by ALLINA HEALTH AND AETNA INSURANCE COMPANY**

## Annual Notice of Changes for 2023

You are currently enrolled as a member of Allina Health Aetna Medicare Eagle (PPO). Next year, there will be changes to the plan's costs and benefits. **Please see page 1 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [AllinaHealthAetnaMedicare.com](https://AllinaHealthAetnaMedicare.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### What to do now

**1. ASK:** Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- ☐ Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

### 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Allina Health Aetna Medicare Eagle (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Allina Health Aetna Medicare Eagle (PPO).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **Additional Resources**

- This document is available for free in Spanish. Este documento está disponible sin cargo en español.
- Please contact our Member Services number at 1-833-570-6671 or the number on your member ID card for additional information. (TTY users should call 711.) Hours are 8 AM to 8 PM, 7 days a week.
- This document may be made available in other formats such as braille, large print or other alternate formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Allina Health Aetna Medicare Eagle (PPO)**

- Allina Health Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.
- When this document says "we," "us," or "our," it means ALLINA HEALTH AND AETNA INSURANCE COMPANY. When it says "plan" or "our plan," it means Allina Health Aetna Medicare Eagle (PPO).

# ***Annual Notice of Changes for 2023***

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Allina Health Aetna Medicare Eagle (PPO) in several important areas. **Please note this is only a summary of costs.**

| Cost   | 2022 (this year)   | 2023 (next year)   |
|--|--|--|
| <b>Monthly plan premium</b>  | \$0  | \$0  |
| <b>Maximum out-of-pocket amounts</b><br>This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.) | From network providers:<br>\$5,900<br><br>From network and out-of-network providers combined: \$10,000   | From network providers:<br>\$4,500<br><br>From network and out-of-network providers combined: \$7,000  |
| <b>Doctor office visits</b>  | <u>In-Network:</u><br>Primary care visits:<br>\$0 copay per visit<br><br>Specialist visits:<br>\$40 copay per visit<br><br><u>Out-of-Network:</u><br>Primary care visits:<br>30% of the total cost per visit<br><br>Specialist visits:<br>\$50 copay per visit | <u>In-Network:</u><br>Primary care visits:<br>\$0 copay per visit<br><br>Specialist visits:<br>\$35 copay per visit<br><br><u>Out-of-Network:</u><br>Primary care visits:<br>30% of the total cost per visit<br><br>Specialist visits:<br>\$50 copay per visit |
| <b>Inpatient hospital stays</b>  | <u>In-Network:</u><br>\$350 per day, days 1-5; \$0 per day, days 6-90; \$0 copay for additional days for each medically necessary covered inpatient stay.<br><br><u>Out-of-Network:</u><br>30% per stay  | <u>In-Network:</u><br>\$250 per day, days 1-5; \$0 per day, days 6-90; \$0 copay for additional days for each medically necessary covered inpatient stay.<br><br><u>Out-of-Network:</u><br>30% per stay  |

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 Changes to the Monthly Premium

| Cost  | 2022 (this year) | 2023 (next year) |
|---|------------------|------------------|
| <b>Monthly premium</b><br>(You must also continue to pay your Medicare Part B premium.) | \$0              | \$0              |
| <b>Part B premium reduction</b>   | \$20             | \$40             |

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

| Cost   | 2022 (this year) | 2023 (next year)  |
|--|------------------|---|
| <b>In-network maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.                   | \$5,900          | \$4,500<br><br>Once you have paid \$4,500 out-of-pocket for covered services from network providers, you will pay nothing for your covered services from network providers for the rest of the calendar year. |
| <b>Combined maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. | \$10,000         | \$7,000<br><br>Once you have paid \$7,000 out-of-pocket for covered services, you will pay nothing for your covered services from in-network or out-of-network providers for the rest of the calendar year.   |

### Section 1.3 Changes to the Provider Network

An updated *Provider Directory* is located on our website at [AllinaHealthAetnaMedicare.com/findprovider](https://AllinaHealthAetnaMedicare.com/findprovider). You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory**

**to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

|             |  |
|-------------|--|
| Section 1.4 | Changes to Benefits and Costs for Medical Services |
|-------------|--|

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost                               | 2022 (this year)  | 2023 (next year)  |
|------------------------------------|---|---|
| <b>Ambulance services (air)</b>    | In-Network:<br>You pay a \$300 copay for each Medicare-covered service.     | In-Network:<br>You pay a \$295 copay for each Medicare-covered service.     |
| <b>Ambulance services (air)</b>    | Out-of-Network:<br>You pay a \$300 copay for each Medicare-covered service. | Out-of-Network:<br>You pay a \$295 copay for each Medicare-covered service. |
| <b>Ambulance services (ground)</b> | In-Network:<br>You pay a \$300 copay for each Medicare-covered service.     | In-Network:<br>You pay a \$295 copay for each Medicare-covered service.     |
| <b>Ambulance services (ground)</b> | Out-of-Network:<br>You pay a \$300 copay for each Medicare-covered service. | Out-of-Network:<br>You pay a \$295 copay for each Medicare-covered service. |
| <b>Dental services</b>             | In-Network:<br>You pay a \$40 copay for each Medicare-covered service.      | In-Network:<br>You pay a \$35 copay for each Medicare-covered service.      |

| Cost                                   | 2022 (this year)   | 2023 (next year)   |
|--|--|--|
| <b>Dental services (additional)</b>    | <p>With this Total Choice Dental benefit, you can choose to receive these dental services from an Aetna Dental PPO Network provider or a provider not in our network.</p> <p>Network providers agree to bill us directly so you won't have to pay upfront. They can also help you save money.</p> <p>If you choose a provider that is not in the Aetna Dental PPO Network you may have higher costs. If a provider not in our network is not willing to bill us directly, you may have to pay upfront and submit a request for reimbursement.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p> <p>Visit <a href="https://www.aetna.com/dental">AetnaMedicare.com/dental</a> to find a provider in our dental network. Please be aware that your dental network is different than your medical network.</p> | <p>With this Total Choice Dental benefit, you can choose to receive these dental services from an Aetna Dental PPO Network provider or a provider not in our network.</p> <p>Network providers agree to bill us directly so you won't have to pay upfront. They can also help you save money.</p> <p>If you choose a provider that is not in the Aetna Dental PPO Network you may have higher costs. If a provider not in our network is not willing to bill us directly, you may have to pay upfront and submit a request for reimbursement.</p> <p>See the <i>Evidence of Coverage</i> for more information.</p> <p>Please be aware your dental network is different from your medical network.</p> <p>Visit <a href="https://www.allinahealthaetna.com">AllinaHealthAetnaMedicare.com</a> to find a provider in our dental network.</p> |
| <b>Diagnostic procedures and tests</b> | <p>In-Network:<br/>You pay a \$45 copay for each Medicare-covered service.</p> <p>You pay a \$0 copay for each Medicare-covered retinal fundus service.</p>  | <p>In-Network:<br/>You pay a \$15 copay for each Medicare-covered service.</p> <p>You pay a \$0 copay for certain Medicare-covered diagnostic tests and services including, retinal fundus, Spirometry, and Peripheral arterial disease (PAD).</p>   |
| <b>Diagnostic radiology services</b>   | <p>In-Network:<br/>You pay a \$200 copay for each Medicare-covered service.</p>  | <p>In-Network:<br/>You pay a \$150 copay for each Medicare-covered service.</p>  |
| <b>Emergency care</b>                  | <p>You pay a \$90 copay for each Medicare-covered service.</p>   | <p>You pay a \$110 copay for each Medicare-covered service.</p>  |



| <b>Cost</b>                                 | <b>2022 (this year)</b>  | <b>2023 (next year)</b>  |
|---|--|--|
| <b>Emergency care (worldwide)</b>           | You pay a \$90 copay for each non-Medicare covered service.  | You pay a \$110 copay for each non-Medicare covered service.   |
| <b>Emergency transportation (worldwide)</b> | You pay a \$300 copay for each non-Medicare covered service.   | You pay a \$295 copay for each non-Medicare covered service.   |
| <b>Eye exams</b>                            | In-Network:<br>You pay a \$0-\$40 copay for each Medicare-covered service.<br>The minimum cost share is for diabetic eye exams.<br>The maximum cost share is for all other Medicare-covered eye exams. | In-Network:<br>You pay a \$0-\$35 copay for each Medicare-covered service.<br>The minimum cost share is for diabetic eye exams.<br>The maximum cost share is for all other Medicare-covered eye exams. |
| <b>Hearing exams</b>                        | In-Network:<br>You pay a \$40 copay for each Medicare-covered service.   | In-Network:<br>You pay a \$35 copay for each Medicare-covered service.   |
| <b>Hearing exams (routine)</b>              | Out-of-Network:<br>You pay 30% of the total cost for each non-Medicare-covered service (one exam every year). The number of visits includes services from both network and out-of-network providers.   | Out-of-Network:<br>You pay a \$50 copay for each non-Medicare covered service (one exam every year). The number of visits includes services from both network and out-of-network providers.            |
| <b>Inpatient hospital care</b>              | In-Network:<br>You pay \$350 per day, days 1-5; \$0 per day, days 6-90 for each medically necessary covered inpatient stay.  | In-Network:<br>You pay \$250 per day, days 1-5; \$0 per day, days 6-90 for each medically necessary covered inpatient stay.  |
| <b>Inpatient mental health care</b>         | In-Network:<br>You pay \$350 per day, days 1-5; \$0 per day, days 6-90 for each medically necessary covered inpatient mental health care stay.   | In-Network:<br>You pay \$250 per day, days 1-5; \$0 per day, days 6-90 for each medically necessary covered inpatient mental health care stay.   |
| <b>Opioid treatment program services</b>    | In-Network:<br>You pay a \$40 copay for each Medicare-covered service.   | In-Network:<br>You pay a \$35 copay for each Medicare-covered service.   |

| Cost   | 2022 (this year)   | 2023 (next year)   |
|--|--|--|
| <b>Outpatient hospital observation services</b>  | In-Network:<br>You pay a \$400 copay for each Medicare-covered service.  | In-Network:<br>You pay a \$350 copay for each Medicare-covered service.  |
| <b>Outpatient hospital services</b>  | In-Network:<br>You pay a \$400 copay for each Medicare-covered service.<br>The cost sharing applies to services delivered in an outpatient hospital setting that are not specifically described elsewhere in the <i>Evidence of Coverage</i> . | In-Network:<br>You pay a \$350 copay for each Medicare-covered service.<br>The cost sharing applies to services delivered in an outpatient hospital setting that are not specifically described elsewhere in the <i>Evidence of Coverage</i> . |
| <b>Outpatient mental health care services (group sessions provided by a mental health professional other than a psychiatrist)</b>      | In-Network:<br>You pay a \$40 copay for each Medicare-covered service.   | In-Network:<br>You pay a \$35 copay for each Medicare-covered service.   |
| <b>Outpatient mental health care services (group sessions provided by a psychiatrist)</b>  | In-Network:<br>You pay a \$40 copay for each Medicare-covered service.   | In-Network:<br>You pay a \$35 copay for each Medicare-covered service.   |
| <b>Outpatient mental health care services (individual sessions provided by a mental health professional other than a psychiatrist)</b> | In-Network:<br>You pay a \$40 copay for each Medicare-covered service.   | In-Network:<br>You pay a \$35 copay for each Medicare-covered service.   |
| <b>Outpatient mental health care services (individual sessions provided by a psychiatrist)</b>   | In-Network:<br>You pay a \$40 copay for each Medicare-covered service.   | In-Network:<br>You pay a \$35 copay for each Medicare-covered service.   |
| <b>Outpatient substance abuse services (group sessions)</b>  | In-Network:<br>You pay a \$40 copay for each Medicare-covered service.   | In-Network:<br>You pay a \$35 copay for each Medicare-covered service.   |
| <b>Outpatient substance abuse services (individual sessions)</b>   | In-Network:<br>You pay a \$40 copay for each Medicare-covered service.   | In-Network:<br>You pay a \$35 copay for each Medicare-covered service.   |

| Cost  | 2022 (this year)  | 2023 (next year)   |
|---|---|--|
| <b>Outpatient surgery provided at ambulatory surgical centers</b>         | In-Network:<br>You pay a \$350 copay for each Medicare-covered service.                               | In-Network:<br>You pay a \$250 copay for each Medicare-covered service.  |
| <b>Outpatient surgery provided at hospital outpatient facilities</b>      | In-Network:<br>You pay a \$400 copay for each Medicare-covered service.                               | In-Network:<br>You pay a \$350 copay for each Medicare-covered service.  |
| <b>Partial hospitalization services</b>                                   | In-Network:<br>You pay a \$55 copay for each Medicare-covered service.                                | In-Network:<br>You pay a \$70 copay for each Medicare-covered service.   |
| <b>Physician specialist services</b>                                      | In-Network:<br>You pay a \$40 copay for each Medicare-covered service.                                | In-Network:<br>You pay a \$35 copay for each Medicare-covered service.   |
| <b>Podiatry services</b>  | In-Network:<br>You pay a \$40 copay for each Medicare-covered service.                                | In-Network:<br>You pay a \$35 copay for each Medicare-covered service.   |
| <b>Pulmonary rehabilitation services</b>                                  | In-Network:<br>You pay a \$30 copay for each Medicare-covered service.                                | In-Network:<br>You pay a \$20 copay for each Medicare-covered service.   |
| <b>Skilled nursing facility (SNF) services</b>                            | In-Network:<br>\$0 per day, days 1-20; \$188 per day, days 21-100                                     | In-Network:<br>\$0 per day, days 1-20; \$196 per day, days 21-100  |
| <b>Telehealth additional services — Diabetes self-management training</b> | Additional telehealth services for diabetes self-management training services are <u>not</u> covered. | You pay a \$0 copay for each additional telehealth service.  |
| <b>Telehealth additional services — Kidney disease education</b>          | Additional telehealth services for kidney disease education services are <u>not</u> covered.          | You pay 20% of the total cost for each additional telehealth service.<br><br>This service applies to the maximum out-of-pocket amount. |
| <b>Telehealth additional services — mental health (group sessions)</b>    | You pay a \$40 copay for each additional telehealth service.  | You pay a \$35 copay for each additional telehealth service.   |

| Cost   | 2022 (this year)   | 2023 (next year)  |
|--|--|---|
| <b>Telehealth additional services — mental health (individual sessions)</b>              | You pay a \$40 copay for each additional telehealth service.   | You pay a \$35 copay for each additional telehealth service.  |
| <b>Telehealth additional services — Occupational therapy</b>                             | Additional telehealth services for occupational therapy services are <u>not</u> covered.                             | You pay a \$40 copay for each additional telehealth service.<br><br>This service applies to the maximum out-of-pocket amount. |
| <b>Telehealth additional services — Opioid treatment</b>                                 | Additional telehealth services for opioid treatment services are <u>not</u> covered.                                 | You pay a \$35 copay for each additional telehealth service.<br><br>This service applies to the maximum out-of-pocket amount. |
| <b>Telehealth additional services — Outpatient substance abuse (individual sessions)</b> | Additional telehealth services for outpatient substance abuse (individual sessions) services are <u>not</u> covered. | You pay a \$35 copay for each additional telehealth service.<br><br>This service applies to the maximum out-of-pocket amount. |
| <b>Telehealth additional services — Outpatient substance abuse (group sessions)</b>      | Additional telehealth services for outpatient substance abuse (group sessions) services are <u>not</u> covered.      | You pay a \$35 copay for each additional telehealth service.<br><br>This service applies to the maximum out-of-pocket amount. |
| <b>Telehealth additional services — Physical therapy and speech therapy</b>              | Additional telehealth services for physical therapy and speech therapy services are <u>not</u> covered.              | You pay a \$40 copay for each additional telehealth service.<br><br>This service applies to the maximum out-of-pocket amount. |
| <b>Telehealth additional services — psychiatric (group sessions)</b>                     | You pay a \$40 copay for each additional telehealth service.   | You pay a \$35 copay for each additional telehealth service.  |
| <b>Telehealth additional services — psychiatric (individual sessions)</b>                | You pay a \$40 copay for each additional telehealth service.   | You pay a \$35 copay for each additional telehealth service.  |
| <b>Telehealth additional services — physician specialist</b>                             | You pay a \$40 copay for each additional telehealth service.   | You pay a \$35 copay for each additional telehealth service.  |
| <b>Telehealth additional services — urgent care</b>                                      | You pay a \$40 copay for each additional telehealth service.   | You pay a \$35 copay for each additional telehealth service.  |

| Cost   | 2022 (this year)   | 2023 (next year)  |
|--|--|---|
| <b>Urgently needed care services</b>             | You pay a \$0-\$40 copay for each Medicare-covered service. The minimum cost share is for services provided by your primary care physician in their office. The maximum cost share is for services performed by a provider other than your primary care physician. | You pay a \$35 copay for each Medicare-covered service.                                   |
| <b>Urgently needed care services (worldwide)</b> | You pay a \$90 copay for each non-Medicare covered service.  | You pay a \$110 copay for each non-Medicare covered service.                              |
| <b>Wigs</b>                                      | Wigs are <u>not</u> covered.   | Plan pays up to \$400 every year for covered wigs related to hair loss from chemotherapy. |
| <b>X-rays</b>                                    | In-Network:<br>You pay a \$45 copay for each Medicare-covered service.   | In-Network:<br>You pay a \$15 copay for each Medicare-covered service.                    |

## SECTION 2 Deciding Which Plan to Choose

Section 2.1 If you want to stay in Allina Health Aetna Medicare Eagle (PPO)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Allina Health Aetna Medicare Eagle (PPO).

Section 2.2 If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State

Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

## Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Allina Health Aetna Medicare Eagle (PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Allina Health Aetna Medicare Eagle (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so (phone numbers are in Section 6.1 of this booklet).
  - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIP at the phone number below.

### State Health Insurance Assistance Program (SHIP)

**MN**

**Minnesota State Health Insurance Assistance**, 540 Cedar Street, St. Paul, MN 55164, 1-800-333-2433, TTY: 1-800-627-3529, Monday–Friday 8:00AM to 4:30 PM, [mn.gov/senior-linkage-line/](https://mn.gov/senior-linkage-line/)

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the AIDS Drug Assistance Program (ADAP) for your state. **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.
- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP for your state.

| State AIDS Drug Assistance Programs (ADAP) |   |
|--|---|
| <b>MN</b>                                  | <b>Minnesota Aids Drug Assistance Program (Program HH)</b> , Minnesota Department of Human Services, Program HH, PO Box 64972, St. Paul, MN 55164-0972, 1-800-657-3761, 651-431-2414, TTY: 711, Monday–Friday 8:00 AM to 5:00 PM, <a href="https://rainbowhealth.org/living-with-hiv/assistance/health-insurance/program-hh/">rainbowhealth.org/living-with-hiv/assistance/health-insurance/program-hh/</a> |

## SECTION 6 Questions?

### Section 6.1 Getting Help from Allina Health Aetna Medicare Eagle (PPO)

Questions? We’re here to help. Please call Member Services at 1-833-570-6671 or the number on your member ID card (TTY only, call 711). We are available for phone calls 8 AM to 8 PM, 7 days a week. Calls to these numbers are free.

### Read your 2023 Evidence of Coverage (it has details about next year’s benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for Allina Health Aetna Medicare Eagle (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you

need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [AllinaHealthAetnaMedicare.com](https://AllinaHealthAetnaMedicare.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

**Visit our Website**

You can also visit our website at [AllinaHealthAetnaMedicare.com](https://AllinaHealthAetnaMedicare.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

|             |                            |
|-------------|----------------------------|
| Section 6.2 | Getting Help from Medicare |
|-------------|----------------------------|

To get information directly from Medicare:

**Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Visit the Medicare Website**

You can visit the Medicare website ([www.medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

**Read *Medicare & You 2023***

You can read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.



See the *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Out-of-network/non-contracted providers are under no obligation to treat Allina Health Aetna Medicare members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

The provider network may change at any time. You will receive notice when necessary.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at [https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf).

**ESPAÑOL (SPANISH):** Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

**傳統漢語(中文) (CHINESE):** 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。

# How we guard your privacy

## What personal information is — and what it isn't

By “personal information,” we mean information that can be used to identify you. It can include financial and health information. It doesn't include what the public can easily see. For example, anyone can look at what your plan covers.

## How we get information about you

We get information about you from many sources, including you. We also get information from your employer, other insurers, or health care providers like doctors.

## When information is wrong

Do you think there's something wrong or missing in your personal information? You can ask us to change it. The law says we must do this in a timely way. If we disagree with your change, you can file an appeal. Information on how to file an appeal is on our member website. Or you can call the toll-free number on your ID card.

## How we use this information

When the law allows us, we use your personal information both inside and outside our company. The law says we don't need to get your OK when we do. We may use it for your health care or use it to run our plans. We also may use your information when we pay claims or work with other insurers to pay claims. We may use it to make plan decisions, to do audits, or to study the quality of our work. This means we may share your information with doctors, dentists, pharmacies, hospitals or other caregivers. We also may share it with other insurers, vendors, government offices, or third-party administrators. But by law, all these parties must keep your information private.





## When we need your permission

There are times when we do need your permission to disclose personal information. This is explained in our Notice of Privacy Practices, which took effect October 10, 2020. This notice clarifies how we use or disclose your Protected Health Information (PHI):

- For workers' compensation purposes
- As required by law
- About people who have died
- For organ donation
- To fulfill our obligations for individual access and HIPAA compliance and enforcement

To get a copy of this notice, just visit our member website or call the toll-free number on your ID card.

## Allina Health Aetna Medicare Eagle (PPO) Member Services

| Method  | Member Services – Contact Information  |
|---|--|
| <b>CALL</b><br>      | <p>1-833-570-6671 or the number on your member ID card<br/>           Calls to this number are free.<br/>           Hours of operation are 8 AM to 8 PM, 7 days a week.<br/>           Member Services also has free language interpreter services available for non-English speakers.</p> |
| <b>TTY</b><br>       | <p>711<br/>           Calls to this number are free.<br/>           Hours of operation are 8 AM to 8 PM, 7 days a week.</p>  |
| <b>WRITE</b><br>   | <p>Allina Health Aetna Medicare<br/>           PO Box 7405<br/>           London, KY 40742</p>   |
| <b>WEBSITE</b><br> | <p><a href="http://AllinaHealthAetnaMedicare.com">AllinaHealthAetnaMedicare.com</a></p>  |

## 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 1-833-570-6671. Someone who speaks English 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 1-833-570-6671. 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 1-833-570-6671。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 1-833-570-6671。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-570-6671. 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 1-833-570-6671. 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 1-833-570-6671. 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 1-833-570-6671. 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 1-833-570-6671. 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 1-833-570-6671. 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 1-833-570-6671 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 1-833-570-6671 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 1-833-570-6671. Un nostro incaricato che parla Italianovi 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 1-833-570-6671. 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 1-833-570-6671. 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 1-833-570-6671. 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、1-833-570-6671. 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。

**Hawaiian:** He kōkua māhele ‘ōlelo kā mākou i mea e pane ‘ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā‘au lapa‘au paha. I mea e loa‘a ai ke kōkua māhele ‘ōlelo, e kelepona mai iā mākou ma 1-833-570-6671. E hiki ana i kekahi mea ‘ōlelo Pelekānia/‘Ōlelo ke kōkua iā ‘oe. He pōmaika‘i manuahi kēia.

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