
 <p><b>CORNERSTONE SOLUTIONS®</b> Cornerstone Solutions H5750-004 Enrollment: 1-888-562-8000 TTY Enrollment: 1-800-627-3529 www.cornerstone-solutions.org</p>	 <p><b>PrimeWest HEALTH</b> Prime Health Complete (HMO SNP) H2926-001 Enrollment: 1-877-600-4913 TTY Enrollment: 1-800-627-3529 or 711 www.primewest.org</p>
<b>Counties in Plan Area</b>	Hennepin county.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Hospital Inpatient</b>	<p><b>In Network:</b> You will not be charged additional cost sharing for professional services. \$0 annual deductible. \$0 co-pay for Medicare or Medicaid covered services.</p> <p><b>Out of Network:</b> Open access if provider is willing to bill MHP.</p>	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Physician/Outpatient</b>	<p><b>Physician In Network:</b> \$0 co-pay for Medicare or Medicaid covered primary doctor, specialist doctor and network urgent care visits.</p> <p><b>Physician Out of Network:</b> Open access if provider is willing to bill MHP.</p> <p><b>Hospital In Network:</b> \$0 co-pay for Medicare or Medicaid covered services.</p> <p><b>Hospital Out of Network:</b> You may go to any emergency room if you reasonably believe you need emergency care.</p>	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Emergency Services/ Urgent Care</b>	<p><b>Emergency:</b> \$0 co-pay for Medicare or Medicaid covered emergency room visits. NOT covered outside the U.S. except under limited circumstances.</p> <p><b>Urgently Needed Care:</b> \$0 co-pay for Medicare or Medicaid covered services. NOT covered outside the U.S. except under limited circumstances.</p> <p><b>Ambulance Services:</b> \$0 co-pay for Medicare or Medicaid covered services.</p>	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Preventive Services</b>	\$0 co-pay for Medicare or Medicaid covered services. Also: HIV screening, nutritional benefit, additional smoking cessation and nursing hotline.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Diagnostic Tests, X-rays and Lab Services</b>	<p><b>In Network:</b> \$0 co-pay for Medicare or Medicaid covered: lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services (not including x-rays) and therapeutic radiology services.</p> <p><b>Out of Network:</b> Open access if provider is willing to bill MHP.</p>	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Physical/Speech/ Occupational Therapy</b>	<p><b>In Network:</b> \$0 co-pay for Medicare or Medicaid covered services.</p> <p><b>Out of Network:</b> Open access if provider is willing to bill MHP.</p>	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Home Health Care</b>	<p><b>In Network:</b> \$0 co-pay for Medicare or Medicaid covered services.</p> <p><b>Out of Network:</b> Needs a prior authorization.</p>	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.

<b>Mental Health</b>	<p><b>Inpatient In Network:</b> You will not be charged additional cost sharing for professional services. \$0 annual deductible. \$0 co-pay for Medicare or Medicaid covered services.</p> <p><b>Inpatient Out of Network:</b> Open access if provider is willing to bill MHP.</p> <p><b>Outpatient In Network:</b> \$0 co-pay for Medicare or Medicaid covered mental health visits. \$0 co-pay for Medicare or Medicaid covered visit with a psychiatrist. \$0 co-pay for Medicare or Medicaid covered partial hospitalization program services.</p> <p><b>Outpatient Out of Network:</b> Open access if provider is willing to bill MHP.</p>	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Mental Health Lifetime Maximum</b>	Not Covered.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Chemical Dependency</b>	<p><b>Inpatient In Network:</b> You will not be charged additional cost sharing for professional services. \$0 annual deductible. \$0 co-pay for Medicare or Medicaid covered services.</p> <p><b>Inpatient Out of Network:</b> Open access if provider is willing to bill MHP.</p> <p><b>Outpatient In Network:</b> \$0 co-pay for Medicare or Medicaid covered services.</p> <p><b>Outpatient Out of Network:</b> Open access if provider is willing to bill MHP.</p>	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Skilled Nursing Care</b>	<p><b>In Network:</b> No prior hospital stay is required. \$0 annual deductible, \$0 co-pay for Medicare or Medicaid covered services. You will not be charged additional cost sharing for additional services.</p> <p><b>Out of Network :</b> Open access if provider is willing to bill MHP.</p>	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Durable Medical Equipment</b>	<p><b>In Network:</b> \$0 co-pay for Medicare or Medicaid covered services.</p> <p><b>Out of Network:</b> May require pre-authorization.</p>	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Dental</b>	<b>In Network:</b> \$0 co-pay for Medicare or Medicaid covered services.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Chiropractic</b>	<p><b>In Network:</b> Supplemental routine care not covered. \$0 co-pay for Medicare or Medicaid covered services. Chiropractic visits are for manual manipulation of the spine to correct subluxation.</p> <p><b>Out of Network:</b> Open access if provider is willing to bill MHP.</p>	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Travel Benefit</b>	None	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Part B Drugs</b>	\$0 yearly deductible for Part B covered drugs.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Part D Outpatient Prescriptions</b>		
<b>Mail Order Available</b>	Yes	No
<b>Shingles Vaccine</b>	Yes	Yes
<b>Shingles Vaccine Out of Pocket Costs</b>	\$0	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.
<b>Donut Hole Coverage</b>	Some	No

<b>Donut Hole Coverage Additional Info</b>	Covered in Donut Hole.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.
<b>Number of Pharmacies in MN that Participate</b>	Call plan for details.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.
<b>Deductible</b>	\$0 annual deductible.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.
<b>Tier 1 Retail pharmacy:</b>	\$0 co-pay or \$1.10 co-pay or \$2.60 co-pay for generic.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.
<b>Tier 1 Mail Order:</b>	Three month (90-day) supply.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.
<b>Tier 2 Retail pharmacy:</b>	\$0 co-pay or \$3.30 co-pay or \$6.50 co-pay.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.
<b>Tier 2 Mail Order:</b>	Three month (90-day) supply.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.
<b>Extra Services</b>	Call for plan details.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.
<b>Discounts/Special Programs</b>	<b>In Network:</b> YMCA membership. Cell phone for certain members <b>Out of Network:</b> None	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for current information about this program.
<b>Number of Providers In-Network</b>	130+	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.
<b>Enrollment Status/ Health Screening</b>	Anytime throughout the year.	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.
<b>Referrals Needed</b>	No	No
<b>Annual Out-of-Pocket Maximum</b>	None	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.
<b>Monthly Premium</b>	\$0	Call PrimeWest Health Member Services at 1-877-600-4913 (toll free) for details.

## Quick Tips

### #43: Visit [www.MinnesotaHelp.info](http://www.MinnesotaHelp.info)

- to locate statewide resource information about local services to help you remain in the community. Comprehensive resources for seniors, caregivers and people with disabilities can be found within the Senior Link and Disability Link under the Special Topics at [www.MinnesotaHelp.info](http://www.MinnesotaHelp.info).

## Quick Tips

### #44: Colorectal Cancer Screenings

Medicare covers these screenings to help find precancerous growths or find cancer early, when treatment is most effective. One or more of the following tests may be covered. Talk to your doctor or other health care provider.

- Fecal Occult Blood Test – This test is covered once every 12 months if you're 50 or older. You pay nothing for the test.
- Flexible Sigmoidoscopy – This test is generally covered once every 48 months if you're 50 or older, or 120 months after a previous screening colonoscopy for those not at high risk. You pay nothing for this test if the doctor or other health care provider accepts assignment.
- Colonoscopy – This test is generally covered once every 120 months (high risk every 24 months) or 48 months after a previous flexible sigmoidoscopy. No minimum age. You pay nothing for this test if the doctor or other health care provider accepts assignment.
- Barium Enema – This test is generally covered once every 48 months if you're 50 or older (high risk every 24 months) when used instead of a sigmoidoscopy or colonoscopy. You pay 20% of the Medicare-approved amount for the doctor services. In a hospital outpatient setting, you also pay the hospital co-pay.

## Quick Tips

### #45: How Will the Donut Hole Discount Work?

Medicare Part D plan enrollees who reach the donut hole (after incurring \$2,930 in drug costs in 2012) will receive their discount immediately when paying for their drugs at the pharmacy. There will be no delays or forms to fill out. The 50% brand-name drug discount applies to all "applicable" Part D covered drugs on the plan's formulary and/or a drug granted by an exception. Beneficiaries will pay 50% of the brand name drug's cost, plus a small dispensing fee (usually \$2 - \$5) charged by the pharmacy, which will not be discounted.

"Applicable drugs" refer to brand name drugs provided by manufacturers who have signed an agreement with the Centers for Medicare and Medicaid Services (CMS) to participate in the discount.

	<p><b>SOUTH COUNTRY</b>  <b>HEALTH ALLIANCE</b>  <i>Bringing Wellness Home</i>  <b>AbilityCare</b>  H5703-001  Enrollment: 1-866-567-7242 • TTY Enrollment: 711  www.mnscha.org</p>
<b>Counties in Plan Area</b>	Brown, Dodge, Freeborn, Goodhue, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena and Waseca counties.
<b>Hospital Inpatient</b>	<b>In Network:</b> \$0 co-pay or deductible. <b>Out of Network:</b> Contact plan for details.
<b>Physician/Outpatient</b>	<b>Physician In Network:</b> \$0 co-pay or deductible. No referral is necessary to see any network provider. Members must choose a primary care clinic upon enrollment, however they can switch primary care clinics at any time by calling Member Services. <b>Physician Out of Network:</b> Contact plan for details. <b>Hospital In Network:</b> \$0 co-pay or deductible. <b>Hospital Out of Network:</b> Contact plan for details.
<b>Emergency Services/ Urgent Care</b>	<b>Emergency:</b> \$0 co-pay or deductible. Not covered outside the U.S. Contact the plan for more details. <b>Urgently Needed Care:</b> \$0 co-pay or deductible. Not covered outside the U.S. Contact the plan for more details. <b>Ambulance Services:</b> \$0 co-pay or deductible. Not covered outside the U.S. Contact the plan for more details.
<b>Preventive Services</b>	100% covered preventive care services such as: welcome to Medicare physical exam, annual wellness visit, bone mass measurement, colorectal screening exams, immunizations like the flu or hepatitis B vaccine, mammograms, pap smears and pelvic exams, diabetes, cancer and cardiovascular screenings and smoking cessation.
<b>Diagnostic Tests, X-rays and Lab Services</b>	<b>In Network:</b> \$0 co-pay or deductible. <b>Out of Network:</b> Contact plan for details.
<b>Physical/Speech/ Occupational Therapy</b>	<b>In Network:</b> \$0 co-pay or deductible. <b>Out of Network:</b> Contact plan for details.
<b>Home Health Care</b>	<b>In Network:</b> \$0 co-pay or deductible. <b>Out of Network:</b> Contact plan for details.
<b>Mental Health</b>	<b>Inpatient In Network:</b> \$0 co-pay or deductible. <b>Inpatient Out of Network:</b> Contact plan for details. <b>Outpatient In Network:</b> \$0 co-pay or deductible. <b>Outpatient Out of Network:</b> Contact plan for details.
<b>Mental Health Lifetime Maximum</b>	No maximum.
<b>Chemical Dependency</b>	<b>Inpatient In Network:</b> \$0 co-pay or deductible. <b>Inpatient Out of Network:</b> Contact plan for details. <b>Outpatient In Network:</b> \$0 co-pay or deductible. <b>Outpatient Out of Network:</b> Contact plan for details.
<b>Skilled Nursing Care</b>	<b>In Network :</b> \$0 co-pay or deductible. <b>Out of Network :</b> Contact plan for details.

<b>Durable Medical Equipment</b>	<b>In Network:</b> \$0 co-pay or deductible. <b>Out of Network:</b> Contact plan for details.
<b>Dental</b>	<b>In Network:</b> \$0 co-pay or deductible. <b>Out of Network:</b> Not covered in most cases. <b>Combined In and Out of Network:</b> Does not apply.
<b>Chiropractic</b>	<b>In Network:</b> \$0 co-pay or deductible. <b>Out of Network:</b> Contact plan for details.
<b>Travel Benefit</b>	Emergency and urgent care benefits as described above.
<b>Part B Drugs</b>	\$0 yearly deductible for Part B-covered drugs. \$0 co-pay for Part B-covered chemotherapy drugs and other Part B-covered drugs.
<b>Part D Outpatient Prescriptions</b>	
<b>Mail Order Available</b>	No
<b>Shingles Vaccine</b>	Yes
<b>Shingles Vaccine Out of Pocket Costs</b>	\$0 co-pay.
<b>Donut Hole Coverage</b>	Does not apply.
<b>Donut Hole Coverage Additional Info</b>	There is no Donut Hole. Members stay in the Initial Coverage stage until they qualify for the Catastrophic Coverage stage.
<b>Number of Pharmacies in MN that Participate</b>	1,167
<b>Deductible</b>	\$0
<b>Tier 1 Retail pharmacy:</b>	Generic drugs: \$0, \$1.1, \$2.60 based on income and institutional status.
<b>Tier 1 Mail Order:</b>	Does not apply.
<b>Tier 2 Retail pharmacy:</b>	Preferred Brand drugs: \$0, \$3.30, \$6.50 based on income and institutional status.
<b>Tier 2 Mail Order:</b>	Does not apply.
<b>Tier 3 Retail pharmacy:</b>	Non-Preferred Brand drugs: \$0, \$3.30, \$6.50 based on income and institutional status.
<b>Extra Services</b>	Care coordination services are available for members to assist with benefits and services.
<b>Discounts/Special Programs</b>	<b>In Network:</b> Disease Management programs for diabetes, heart disease, and asthma: SCHA staff provide educational materials and support. BE FIT fitness program: Members who work out at least 8 days per month at a participating health club can receive up to \$20 off their monthly health club fees. Community Education discount: SCHA will pay up to \$15 of the registration fee for most Community Education classes. Mayo Clinic Tobacco Quitline smoking cessation program available at no charge for members. 24 Hour Ask Mayo Clinic Nurse line: Call anytime you need help deciding how to handle an illness or injury, or when you need health information you can trust, 24 hours a day, 7 days a week.
<b>Number of Providers In-Network</b>	326 Primary Care Clinics, 79 Hospitals, 39 Urgent Care/Acute Care Centers, 13,574 Physicians and 1,167 Pharmacies.
<b>Enrollment Status/Health Screening</b>	Voluntary program with continuous open enrollment for beneficiaries who meet age, service area, residence, and medical assistance eligibility.
<b>Referrals Needed</b>	No
<b>Annual Out-of-Pocket Maximum</b>	\$6,700
<b>Monthly Premium</b>	\$0