

HEALTHY SAVINGS PROGRAM



Medica wants to help you eat healthy. That's why we've added the Healthy Savings benefit for Minnesota Health Care Programs members like you in 2020! You'll save money when you buy healthy foods at the grocery store. It's super easy to use, too.

Here's How It Works:

You'll receive a separate mailing that includes your Healthy Savings card. There's no extra cost for Healthy Savings; it's just another great benefit of being a Medica member! Get big savings on healthier foods at many of your favorite grocery stores such as Hy-Vee, Cub, Coborns, Cash Wise, Walmart, Lunds & Byerlys and many others. For complete program details, store locator and terms and conditions, go to [Medica.com/HealthySavings](https://www.Medica.com/HealthySavings).



LUNDS & BYERLYS



Customize Grocery Lists

Save time and shop smarter when you use the grocery list feature on the Healthy Savings website and mobile app. You create a customized grocery list that includes the savings for the week and any other items you'd like to include to remind you to shop and eat healthy!

Buy healthy. Eat healthy. Be healthy.

*Healthy Savings currently available at Knowlan's Festival Foods Minnesota locations only.



TWO WAYS TO SAVE

Use Your Healthy Savings Card

Simply shop for the healthy promoted items found on the Healthy Savings app or website at a participating retailer that week. Then scan your card at check out to save at any participating grocery store.



Use The Healthy Savings App

With the Healthy Savings app, there's no need to carry an extra card in your wallet. Download the app on Google Play or the Apple App Store. Shop the same healthy foods and scan your Healthy Savings bar code on the app at check out to save.



LOSE YOUR CARD?

No problem. You may request a new card online on the Healthy Savings website at **MedicaHealthySavings.com/Help/ContactUs**. Make sure to report your current card as lost and enter your mailing address in the Message field. Replacement cards may take up to 45 days to receive in the mail. In the meantime, you can print a shopping list via the My List page and use the barcode that prints at the bottom of the page at checkout.

You can also use the Healthy Savings mobile app to access your savings. Download the mobile app from the Apple App Store or Google Play. Have the cashier scan the barcode on the mobile app at checkout to get your instant savings. You can find the barcode on the mobile card on the My Barcode page.

MEDICA®

Medica DUAL Solution® and Medica AccessAbility Solution® Enhanced are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in Medica DUAL Solution and Medica AccessAbility Solution Enhanced depends on contract renewal.

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Have a question?

Call **1-888-347-3630** toll free (TTY: **711**).

Access to representatives may be limited at times.

Medica DUAL Solution and AccessAbility Solution Enhanced: 8 a.m. - 8 p.m. daily.

Medica Choice Care MSC+ and Medica AccessAbility Solution: 8 a.m. - 6 p.m. Monday - Thursday; 9 a.m. - 6 p.m. Friday.

medica.com/members/medicaid-plans

Medica Customer Service
1-888-347-3630 (toll free) TTY:711

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

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بسم تدر األاحظة: إمداعة جمانية لتجرمة هه الوثيذقصة، ال علاعاه مقرى ال

သတိ။ ဤတွဲရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း
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.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,
ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣຄຊາບ. ຖາຫາກ ທາມຕອງກາມການຊວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ,
ຈົ່ງໂທໂປທ໌ໝາຍເລກຂາງເທິງນີ້.

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

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

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

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

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

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Civil Rights Notice

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

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: Medica 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 Medica at 1-888-347-3630 (toll free); TTY: 711 or at medica.com/contactmedicaid.

Language Assistance Services: Medica 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 Medica at 1-888-347-3630 (toll free); TTY: 711 or at medica.com/contactmedicaid.

Civil Rights Complaints

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

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

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

- race
- color
- national origin
- age
- disability
- sex

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

Director

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

200 Independence Avenue SW

Room 509F

HHH Building

Washington, DC 20201

800-368-1019 (voice)

800-537-7697 (TDD)

Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Minnesota Department of Human Rights (MDHR)

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

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

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

Minnesota Department of Human Rights

Freeman Building, 625 North Robert Street

St. Paul, MN 55155

651-539-1100 (voice)

800-657-3704 (toll free)

711 or 800-627-3529 (MN Relay)

651-296-9042 (fax)

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

Minnesota Department of Human Services (DHS)

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

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

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

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

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

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

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

Medica Complaint Notice

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

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

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

Medica Civil Rights Coordinator
Medica Health Plans
PO Box 9310, Mail Route CP250
Minneapolis, MN 55443-9310
952-992-3422 (voice and fax) TTY: 711
Email: civilrightscordinator@medica.com

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