

# SUMMARY OF BENEFITS

# 2020



**ABSOLUTE TOTAL CARE  
(MEDICARE-MEDICAID PLAN)**



# Absolute Total Care (Medicare-Medicaid Plan): **Summary of Benefits 2020**

## Introduction

This document is a brief summary of the benefits and services covered by Absolute Total Care. 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 Absolute Total Care. 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 Absolute Total Care at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.absolutetotalcare.com](http://mmp.absolutetotalcare.com).

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## A. Disclaimers



This is a summary of health services covered by Absolute Total Care for 2020. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ Absolute Total Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees. This combined program is called Healthy Connections Prime. It is for people with both Medicare and Healthy Connections Medicaid who are 65 or older, have Medicare Parts A, B, and D, and are eligible for full Healthy Connections Medicaid benefits. More information about who is eligible can be found in Chapter 1 of the Member Handbook.
- ❖ Under Absolute Total Care you can get your Medicare and Healthy Connections Medicaid services in one health plan. An Absolute Total Care care coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Absolute Total Care members, except in emergency situations. Please call our Member Services number or see your Member Handbook for more information, including the cost-sharing that applies to out-of-network services.
- ❖ ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711) de 8 a.m. a 8 p.m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados federales, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.
- ❖ If you want to get documents in a different language and/or format for future mailings, please call Member Services. This is called a “standing request”. We will document your choice. If later, you want to change the language and/or format choice, please call Member Services. Find the Member Services phone number at the bottom of this page.



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- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ To get this document and other materials in another language or format, now and in the future, please call Member Services.

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## B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a Medicare-Medicaid Plan?</b>	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Healthy Connections Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Healthy Connections Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.
<b>What is an Absolute Total Care care coordinator?</b>	An Absolute Total Care care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
<b>What are long-term services and supports?</b>	Long-term services and supports (LTSS) are a variety of services and supports that help people meet their daily needs for assistance and improve the quality of their lives. LTSS are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, and making food. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.



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Frequently Asked Questions (FAQ)	Answers
<b>Will you get the same Medicare and Medicaid benefits in Absolute Total Care that you get now?</b>	<p>You will get your covered Medicare and Healthy Connections Medicaid benefits directly from Absolute Total Care. 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. You will get almost all of your covered Medicare and Healthy Connections Medicaid benefits directly from Absolute Total Care, but you may get some benefits the same way you do now, outside of the plan. This plan also offers services that are not usually covered by Medicare or Healthy Connections Medicaid.</p> <p>When you enroll in Absolute Total Care, you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs. During this time, you can keep seeing the providers you see now for 180 days. You can also continue to get the same services and any that were authorized prior to your enrollment in Absolute Total Care.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that Absolute Total Care does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Absolute Total Care to cover your drug, if medically necessary.</p>



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Frequently Asked Questions (FAQ)	Answers
<b>Can you go to the same doctors you see now?</b>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Absolute Total Care and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"><li>• Providers with an agreement with us are “in-network.” <b>You must use the providers in Absolute Total Care’s network.</b></li><li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Absolute Total Care’s plan.</li></ul> <p>To find out if your doctors are in the plan’s network, call Member Services or read Absolute Total Care’s <i>Provider and Pharmacy Directory</i>.</p> <p>If Absolute Total Care is new for you, you can continue seeing the doctors you go to now for 180 days after you first enroll, even if they are out-of-network. If you need to continue seeing your out-of-network providers after your first 180 days in our plan, we will only cover that care if the provider enters a single case agreement with us. If you are getting ongoing treatment from an out-of-network provider and think they may need a single case agreement in order to keep treating you, contact Member Services at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p>
<b>What happens if you need a service but no one in Absolute Total Care’s network can provide it?</b>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Absolute Total Care will pay for the cost of an out-of-network provider.</p>



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Frequently Asked Questions (FAQ)	Answers
<b>Where is Absolute Total Care available?</b>	The service area for this plan includes Abbeville, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Jasper, Kershaw, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Union, and Williamsburg counties in South Carolina. You must live in one of these areas to join the plan.
<b>Do you pay a monthly amount (also called a premium) under Absolute Total Care?</b>	You will not pay any monthly premiums to Absolute Total Care for your health coverage.
<b>What is prior authorization?</b>	<p>Prior authorization means that you must get approval from Absolute Total Care before you can get a specific service or drug or see an out-of-network provider. Absolute Total Care may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>See Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>



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<b>What is a referral?</b>	<p>A referral means that your primary care provider (PCP) must give you approval before you can see someone who is not your PCP or use other providers in the plan's network. If you don't get approval, Absolute Total Care may not cover the services, and you may be billed for these services. You don't need a referral to see some specialists, such as women's health specialists.</p> <p>See Chapter 3 of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
<b>Who should you contact if you have questions or need help?</b>	<p><b>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Absolute Total Care Member Services at the number at the bottom of the page.</b></p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p><b>If you have questions about your health, please call the Nurse Advice Call line:</b></p> <p><b>CALL</b> 1-855-735-4398</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p><b>TTY</b> 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p>



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## C. Overview of Services

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want to see a doctor</b>	Visits to treat an injury or illness	\$0	None.
	Wellness visits, such as a physical	\$0	None.
	Specialist care	\$0	None.
	Care to keep you from getting sick, such as flu shots	\$0	None.
	“Welcome to Medicare” preventive visit (one time only)	\$0	None.
<b>You need medical tests</b>	Lab tests, such as blood work	\$0	Prior authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization may be required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be required.



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## Absolute Total Care (Medicare-Medicaid Plan): **Summary of Benefits 2020**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (This service is continued on the next page)</b></p>	<p>Generic drugs (no brand name)</p>	<p>\$0 copay for up to a 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see Absolute Total Care's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. Please refer to our <i>List of Covered Drugs</i> (Drug List) to view those drugs available for an extended-day supply.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p>	<p>Brand name drugs</p>	<p>\$0 copay for up to a 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see Absolute Total Care's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. Please refer to our <i>List of Covered Drugs</i> (Drug List) to view those drugs available for an extended-day supply.</p>
	<p>Over-the-counter drugs</p>	<p>\$0 copay for up to a 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see Absolute Total Care's <i>List of Covered Drugs</i> (Drug List) for more information.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Some Part B drugs may be subject to step therapy. Read the <i>Member Handbook</i> for more information on these drugs.  Prior authorization may be required.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Prior authorization may be required.
	Chiropractic services (only for manual manipulation for certain approved conditions)	\$0	None.
<b>You need emergency care (This service is continued on the next page)</b>	Emergency room services	\$0	Emergency room services do not require a referral or prior authorization and can be provided at an in-network or out-of-network facility.  Emergency room services are not covered outside the U.S. and its territories except under limited circumstances.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care (continued)</b>	Ambulance services	\$0	<p>Ambulance services for emergencies do not require a referral or prior authorization and can be provided by an in-network or out-of-network provider.</p> <p>Prior authorization may be required for ambulance services in non-emergency situations.</p>
	Urgent care	\$0	<p>Urgent care services do not require a referral or prior authorization. You can get urgent care services at in-network providers or at out-of-network providers if network providers are temporarily unavailable or inaccessible.</p> <p>Urgent care services are not covered outside the U.S. and its territories.</p>
<b>You need hospital care</b>	Hospital stay	\$0	<p>Prior authorization may be required, except in an emergency.</p>
	Doctor or surgeon care	\$0	<p>During an authorized hospital stay, doctor and surgeon care are covered.</p>



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<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment for home care	\$0	Prior authorization may be required.
	Skilled nursing care	\$0	Medicare-covered stays (for example, rehabilitation) require a prior authorization, while Healthy Connections Medicaid-covered stays (for example, long term skilled nursing facility (SNF) stays) only require a referral.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need medicine or other items that do not require a prescription</b></p>	<p>Over-the-counter (OTC) items</p>	<p>\$0</p>	<p>As an extra benefit, our plan covers up to \$25 every calendar month for eligible over-the-counter (OTC) items available via mail.</p> <p>This OTC benefit is limited to one order per calendar month. Any unused amount does not carry over to the next month.</p> <p>You can order up to 5 of the same item per month unless otherwise noted in the catalog. There is no limit on the number of total items in your order.</p> <p>This benefit can only be used to order OTC products for the member.</p> <p>Please contact the plan for more information.</p>
<p><b>You need eye care</b></p>	<p>Treatment for eye injuries or diseases</p>	<p>\$0</p>	<p>None.</p>
	<p>Initial replacement of lens due to cataract surgery</p>	<p>\$0</p>	<p>None.</p>



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<b>You need dental care</b>	Emergency medical procedures by oral surgeons	\$0	None.
	Dental procedures related to organ transplants, cancer, joint replacement, heart valve replacement, and trauma	\$0	None.
<b>You need foot care</b>	Podiatry services	\$0	None.
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	The plan covers one routine hearing exam every calendar year.
	Hearing aids	\$0	The plan covers one hearing aid fitting/evaluation every calendar year.  Coverage for hearing aids is limited to \$1,250 every calendar year.



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<b>You have a chronic condition, such as diabetes or heart disease</b>	Services to help manage your disease	\$0	The plan offers disease management services for certain chronic conditions. Contact Member Services for more information.
	Diabetes supplies and services	\$0	Prior authorization may be required.
	Cardiac and pulmonary rehabilitation services	\$0	None.
<b>You have a mental health condition</b>	Mental or behavioral health services	\$0	None.
	Partial hospitalization	\$0	Prior may be authorization required.
<b>You have a substance abuse problem</b>	Substance abuse services	\$0	Prior may be authorization required.
	Opioid treatment services	\$0	None.
<b>You need long-term mental health services</b>	Inpatient care for people who need mental health care	\$0	Prior may be authorization required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need durable medical equipment (DME) (This service is continued on the next page)</b></p>	Wheelchairs	\$0 or \$3.40	<p>The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid.</p> <p>Referral and prior authorization may be required.</p>
	Crutches	\$0 or \$3.40	<p>The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid.</p> <p>Referral and prior authorization may be required.</p>



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<b>You need durable medical equipment (DME) (continued)</b>	IV infusion pumps	\$0 or \$3.40	The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid.  Referral and prior authorization may be required.
	Oxygen equipment and supplies	\$0 or \$3.40	The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid.  Referral and prior authorization may be required.
	Nebulizers	\$0 or \$3.40	The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid.  Referral and prior authorization may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need durable medical equipment (DME) (continued)</b>	Walkers	\$0 or \$3.40	The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid.  Referral and prior authorization may be required.
<b>You need prosthetics</b>	Prosthetic devices	\$0 or \$3.40	The copay is \$0 for DME covered by Medicare. The copay is \$3.40 for medical supplies covered only by Healthy Connections Medicaid.  Prior authorization may be required.
<b>You need help living at home (This service is continued on the next page)</b>	Meals brought to your home	\$0	Up to 2 meals every day.  Prior authorization may be required.
	Homemaker services, such as cleaning or housekeeping	\$0	Prior authorization may be required.



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<b>You need help living at home (continued)</b>	Changes to your home, such as ramps and wheelchair access	\$0	Environmental modifications benefit has a \$7,500 lifetime limit.  Referral and prior authorization may be required.
	Personal care services  (You may be able to choose your own aide. Call Member Services for more information.)	\$0	Referral and prior authorization may be required.
	Home health care services	\$0 or \$3.30	Home health care services covered by Medicare have a \$0 copay. Home health services covered by Healthy Connections Medicaid have a \$3.30 copay.  Prior authorization may be required.
	Services to help you live on your own	\$0 or \$3.30	Home health care services covered by Medicare have a \$0 copay. Home health services covered by Healthy Connections Medicaid have a \$3.30 copay.  Referral and prior authorization may be required.



**If you have questions**, please call Absolute Total Care at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.absolutetotalcare.com](http://mmp.absolutetotalcare.com).

## Absolute Total Care (Medicare-Medicaid Plan): **Summary of Benefits 2020**

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home (continued)</b>	Adult day services or other support services	\$0	Referral and prior authorization may be required.
<b>You need a place to live with people available to help you</b>	Nursing home care	\$0 or amount based on income	You must contribute toward the cost of this service when your income is more than an allowable amount. This contribution, known as the patient pay amount, is required only for those living in a nursing home. You will not need to pay if you are in the nursing home for short-term rehabilitation.
<b>Your caregiver needs some time off</b>	Respite care	\$0	<p>Respite care can be provided in a Community Residential Care Facility (CRCF), a nursing facility, or at your home. Members are limited to 28 total days of respite care per year. Up to 28 days of respite care can be in a CRCF. Up to 14 days of respite care can be in a nursing facility. Up to 14 days of respite care can be in your home.</p> <p>The type of care you are qualified to get will depend on your situation.</p> <p>Referral and prior authorization may be required.</p>



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## Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2020

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need care for advanced illness or life-threatening injury</b>	Palliative care	\$0	Referral and prior authorization may be required.
<b>You need family planning services</b>	Birth control (condoms)	\$0	Family planning supplies are covered only with a prescription.
	Family planning lab and diagnostic tests	\$0	None.
	Treatment for sexually transmitted infections (STIs)	\$0	None.

### D. Other services that Absolute Total Care covers

This is not a complete list. Call Member Services or read the *Member Handbook* to find out about other covered services.

Other services covered by Absolute Total Care	Your costs for in-network providers
Bathroom Safety Devices	\$0
Education and Wellness Programs	\$0
End Stage Renal Disease Services	\$0
Enhanced Disease Management	\$0



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## Absolute Total Care (Medicare-Medicaid Plan): **Summary of Benefits 2020**

Other services covered by Absolute Total Care	Your costs for in-network providers
Incontinence Supplies	\$0
Infusion Services	\$0
Membership in Health Club/Fitness	\$0, limited to a maximum member reimbursement of \$250 per year
Nursing Home Transition Services	\$0
Nursing Hotline	\$0
Nutritional Benefit	\$0
Post Discharge In-home Medication Reconciliation	\$0
Preventive Services	\$0
Re-admission Prevention	\$0
Services Provided at Federally Qualified Health Centers	\$0
Targeted Case Management	\$0
Telemedicine	\$0



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# Absolute Total Care (Medicare-Medicaid Plan): **Summary of Benefits 2020**

## **E. Benefits covered outside of Absolute Total Care**

This is not a complete list. Call Member Services to find out about other services not covered by Absolute Total Care but available through Medicare or Healthy Connections Medicaid.

<b>Other services covered by Medicare or Healthy Connections Medicaid</b> Please contact your care coordinator for more information.	<b>Your costs</b>
Some hospice care services	\$0
Dental services <ul style="list-style-type: none"><li>• Diagnostics (oral evaluation and x-rays)</li><li>• Preventive care (annual cleaning)</li><li>• Restorative care (fillings)</li><li>• Surgical care (extractions / removals)</li></ul>	\$3.40 \$3.40 \$3.40 \$3.40
Non-emergency medical transportation	\$0



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# Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2020

## F. Services that Absolute Total Care, Medicare, and Healthy Connections Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Absolute Total Care, Medicare, or Healthy Connections Medicaid	
Acupuncture	Naturopath services
Chiropractic care (except manual manipulation for certain approved conditions)	Non-prescription contraceptive supplies
Certain visual procedures such as LASIK	Orthopedic shoes (unless included with brace or for diabetic foot disease). Supportive devices for feet (except for diabetic foot disease)
Cosmetic surgery or cosmetic work	Personal items in your hospital or nursing home room
Dentures	Private room in hospital
Elective or voluntary enhancement procedures or services	Routine foot care (except for certain approved conditions)
Experimental medical and surgical treatments, items and drugs	Services not considered “reasonable and necessary”
Full-time nursing care in your home	Services provided to veterans in a VA facility
Surgical treatment for morbid obesity	



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# Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2020

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## G. Your rights as a member of the plan

As a member of Absolute Total Care, 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 race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
  - Get information in other formats (e.g., large print, braille, audio)
  - Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, a perceived safety measure, or retaliation.
  - Not be billed by network providers
- **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 format you can understand. These rights include getting 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 coordinators
- **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
  - See 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 doctor advises against it
  - Stop taking medicine
  - Ask for a second opinion. Absolute Total Care will pay for the cost of your second opinion visit
- **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



**If you have questions**, please call Absolute Total Care at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.absolutetotalcare.com](http://mmp.absolutetotalcare.com).

## Absolute Total Care (Medicare-Medicaid Plan): **Summary of Benefits 2020**

- 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 doctors 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 approval in an emergency
  - See 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
- **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 fair hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the Absolute Total Care *Member Handbook*. If you have questions, you can also call Absolute Total Care Member Services.



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# Absolute Total Care (Medicare-Medicaid Plan): **Summary of Benefits 2020**

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## **H. How to file a complaint or appeal a denied service**

If you have a complaint or think Absolute Total Care should cover something we denied, call Absolute Total Care at 1-855-735-4398 (TTY: 711). You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Absolute Total Care *Member Handbook*. You can also call Absolute Total Care Member Services. Additionally, you can fax your appeal to Absolute Total Care at 1-844-273-2671 or you can write to our plan at the following address:

Absolute Total Care  
Attn: Appeals and Grievances – Medicare  
Operations  
7700 Forsyth Blvd  
St. Louis, MO 63105

There is a special ombudsman for this program called the Healthy Connections Prime Advocate. The Healthy Connections Prime Advocate does not work for us or Healthy Connections Medicaid. They can help you understand your rights and the appeal process, and they can help you with your appeal. You can reach the Healthy Connections Prime Advocate at 1-844-477-4632. TTY users should call 711.

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## **I. 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 other pharmacy is doing something wrong, please contact us.

- Call us at Absolute Total Care Member Services. Phone numbers are at the bottom of the page and on the cover of this summary, or
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should 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 Absolute Total Care at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit [mmp.absolutetotalcare.com](http://mmp.absolutetotalcare.com).



## Absolute Total Care (Medicare-Medicaid Plan): **Summary of Benefits 2020**

- **Notice of Non-Discrimination.** Absolute Total Care (Medicare-Medicaid Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.
- Absolute Total Care: → Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- → Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.
- If you need these services, contact Absolute Total Care's Member Services at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.
- If you believe that Absolute Total Care has 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 by calling the number above and telling them you need help filing a grievance; Absolute Total Care's Member Services is available to help you.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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# Absolute Total Care (Medicare-Medicaid Plan): Summary of Benefits 2020

## Language Services

ATTENTION: If you do not speak English, language assistance services are available to you, free of charge. Call 1-855-735-4398 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711).

ملحوظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-4398 (رقم هاتف الصم والبكم: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-4398 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-4398 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-4398 (TTY: 711).

ATENÇÃO: Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-855-735-4398 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請電1-855-735-4398 (TTY : 711)。

RUAHSAKNAK: Mirang ttong hmang nan um silen, Mirang ttong thawn pehpar aw in a lak in bawm nak a um. Himi ah in contact thei asi: 1-855-735-4398 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-4398 (TTY: 711) पर काल करें।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-4398 (TTY: 711) 번으로 전화해 주십시오.

THEIHTERNAK: Mirang holh a thiammi na si ahcun, holh lei kongkau bawmchanh khawhnak a lak in nangmah caah a um. Hika hin au hna 1-855-735-4398 (TTY-711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-4398 (ATS : 711).

ဟံ့ၣ်သ့ၣ်ဟံ့ၣ်သးဘၣ်တက့ၢ်-ဖဲန့ၣ်တကတိၤအဲးကလံးအကျိၣ်ဘၣ်န့ၣ်,ကျိၣ်အတၢ်ဆိၣ်ထွဲမၤစၢၤအတၢ်ဖဲးတၢ်မၤတဖၣ်အိၣ်ဝဲဒၣ်လၢန့ၣ်လၢတလိၣ် ဟ့ၣ်အပူၤဘၣ်န့ၣ်လီၤ.ကိးဘၣ် 1-855-735-4398 (TTY: 711) တက့ၢ်.

ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ የቋንቋ እገዛ አገልግሎቶች ያለ ምንም ክፍያ ለእርስዎ ሊሰጡ ይችላሉ። ወደ 1-855-735-4398 (TTY: 711) ይደውሉ።

သတိပြုရန်။ သင် မြန်မာစကားပြောပါက အခမဲ့ ဘာသာပြန် ဝန်ဆောင်မှုကို ရရှိနိုင်သည်။ 1-855-735-4398 (TTY: 711) ကိုခေါ်ပါ။



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