Metro

Guide to Comparing Your Medicare Plan Options – 2018

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UCare®

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Contact us

Call a UCare Licensed Medicare Plan Specialist
8 a.m. to 8 p.m.,
seven days a week

612-676-3500
1-877-523-1518 toll free

TTY 612-676-6810
TTY 1-800-688-2534
toll free

Visit us at
a UCare office

500 Stinson Blvd. NE
Minneapolis, MN 55413

4310 Menard Drive
Suite 600
Hermantown, MN 55811

ucare.org

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copays, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. *UCare for Seniors* is an HMO-POS plan with a Medicare contract. Enrollment in *UCare for Seniors* depends on contract renewal.

Discover the reasons people choose UCare

Thousands of Minnesotans have selected UCare for their Medicare coverage. When they reviewed Medicare choices, they found a UCare plan option that fit their needs, budget and service expectations.

We created this Guide to help you learn about UCare's Medicare options for 2018. Once you've reviewed and compared our plans, we're confident you, too, will find and choose the UCare plan that's right for you.

- ✓ **A large provider network** – 92% of all providers in Minnesota are in our network for all plan options.
- ✓ **Dental coverage** – Preventive dental coverage is included in most plan options (except Prime), with the option to add comprehensive dental.
- ✓ **Coverage while traveling** – Your coverage travels with you throughout the United States and for emergencies worldwide.
- ✓ **Savings on prescription drugs** – UCare's preferred pharmacy network gives you the option to pay low to no copays on many drugs.
- ✓ **Local, friendly customer service** – Licensed Medicare Sales Specialists will help you select the plan that's right for you – and answer all your questions. And our Customer Service representatives are available to help members 24 hours a day, seven days a week.
- ✓ **Fitness options** – Enjoy free access to more than 13,000 clubs across the country by choosing SilverSneakers® ***or*** receive a reduction at other participating clubs.
- ✓ **High-quality ratings** – Rated in the top 11% nationally, *UCare for Seniors* received 4.5 out of 5 stars from Medicare*.
- ✓ **Certified by the National Committee for Quality Assurance (NCQA).**

* *Medicare evaluates plans based on a 5-star rating system. Star ratings are calculated yearly and may change from one year to the next.*

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Find a plan in your area

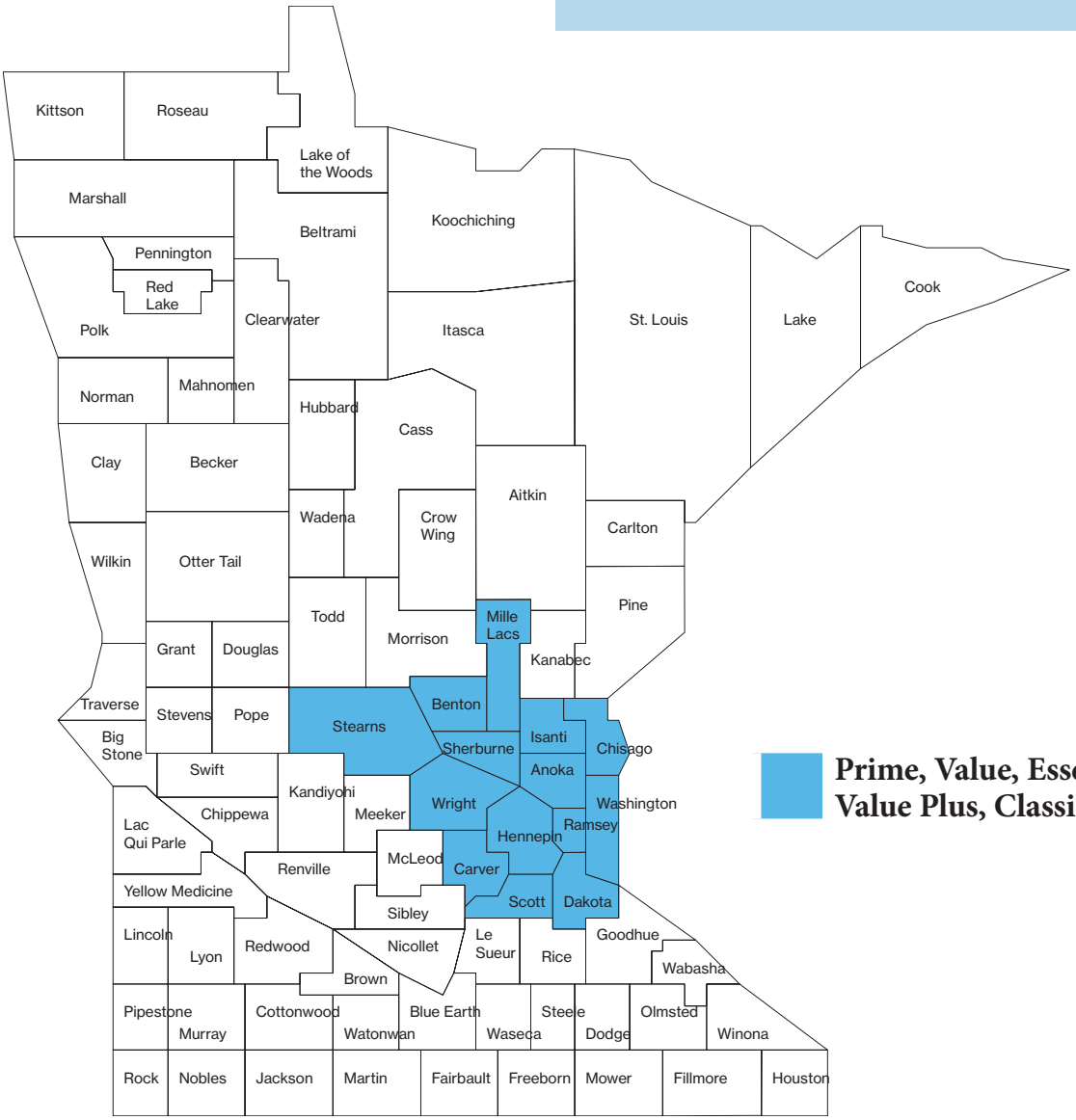
UCare for Seniors plan options in the metro area†:

- Prime (HMO-POS)*
- Value (HMO-POS)*
- Essentials Rx (HMO-POS)*
- Value Plus (HMO-POS)*
- Classic (HMO-POS)*

To be eligible you must:

- Have Medicare Part A and Part B (by age or disability). You must continue to pay your Medicare Part B premium (unless paid for under Medicaid or by another third party).
- Reside in the service area.
- Not have end-stage renal disease (kidney failure), in most cases.

No physical exam or other health screening is required. You must enroll within a valid election period. See page 27 for information on election periods.



† For more information about plans available in other counties, please call a Medicare Plan Specialist at the number listed inside the front cover.

* Health Maintenance Organization with a Point-of-Service contract.

Choose the plan that fits your lifestyle

	Prime	Value	Essentials Rx	Value Plus	Classic
	A very low-cost plan with higher out-of-pocket costs.	Solid medical coverage, without Part D. Often selected by those who have drug coverage through the VA.	All-in-one coverage at a lower premium. Often selected by "boomers".	Solid medical and Part D coverage with lower copays.	The most comprehensive plan with extras like eyewear, enhanced Part D coverage.
Premium	**$5**	**$39**	**$56**	**$141**	**$187**
Medical, Hospital	✓	✓	✓	✓	✓
Fitness Programs	✓	✓	✓	✓	✓
Preventive Dental		✓	✓	✓	✓
Option for Comprehensive Dental		✓	✓	✓	✓
Part D Prescription Drug Coverage	✓		✓	✓	✓
Travel	✓	✓	✓	✓	✓

Compare plan benefit highlights

	Prime H2459-020	**Value** H2459-001
2018 monthly premium	**$5**	**$39**
Medical deductible	**$175** per year	**$0** per year
Doctor visits (no referrals needed)	Primary: **$35** copay Specialist: **$50** copay	Primary: **$0** copay Specialist: **$35** copay
Inpatient hospital care (per admission)	**$300** copay per day (days 1-5); then **100%** covered	**$400** copay per stay (not per day); then **100%** covered
Lab services	**20%** coinsurance	**$0** copay
Emergency care worldwide	**$80** copay	**$100** copay
Urgent care	**$45** copay	**$50** copay
Ambulance	**$200** copay	**$100** copay
Medicare Part D prescription drug coverage (for specific cost sharing, please see pages 18-21)	• Annual deductible: **$405**, then coinsurance.	Not covered. You CANNOT be a member of Value and a stand-alone Part D plan at the same time.
Dental coverage	Not covered.	Includes preventive dental Additional *Choice Dental* available for **$20** per month
Vision and hearing coverage	**$0** copay for glaucoma screening **$50** copay for diabetic retinopathy exam **$50** copay for diagnostic eye and hearing exams	**$0** copay for annual routine eye exam and hearing test **$0** copay for glaucoma screening **$0** copay for diabetic retinopathy exam **$35** copay for diagnostic eye and hearing exams
SilverSneakers fitness	Free basic membership at 13,000 clubs	Free basic membership at 13,000 clubs
Out-of-pocket maximum	**$6,700**	**$3,400**

See a detailed benefits comparison starting on page 9.

Ready to Enroll?

Go online to **ucare.org** or call sales at the phone number listed inside the front cover (more information on page 27)

Essentials Rx H2459-023-1	Value Plus H2459-022-1	Classic H2459-021-1
$56	**$141**	**$187**
$0 per year	**$0** per year	**$0** per year
Primary: **$20** copay Specialist: **$45** copay	Primary: **$0** copay Specialist: **$35** copay	Primary: **$0** copay Specialist: **$20** copay
$300 copay per day (days 1-5); then **100%** covered	**$400** copay per stay (not per day); then **100%** covered	**$250** copay per stay (not per day); then **100%** covered
$0 copay	**$0** copay	**$0** copay
$100 copay	**$100** copay	**$100** copay
$50 copay	**$50** copay	**$50** copay
$200 copay	**$100** copay	**$100** copay
• Annual deductible: **$300** • Copays based on drug tiers, as low as **$2**	• Annual deductible: **$250**, excluding Tier 1 • Copays based on drug tiers, as low as **$1**	• Annual deductible: **$200**, excluding Tier 1 • Copays based on drug tiers, as low as **$0** • Coverage for many generics in gap
Includes preventive dental Additional *Choice Dental* available for **$20** per month	Includes preventive dental Additional *Choice Dental* available for **$20** per month	Includes preventive dental Additional *Classic Choice Dental* available for **$21** per month
$0 copay for annual routine eye exam and hearing test **$0** copay for glaucoma screening **$0** copay for diabetic retinopathy exam **$45** copay for diagnostic eye and hearing exams	**$0** copay for annual routine eye exam and hearing test **$0** copay for glaucoma screening **$0** copay for diabetic retinopathy exam **$35** copay for diagnostic eye and hearing exams	**$0** copay for annual routine eye exam and hearing test **$0** copay for glaucoma screening **$0** copay for diabetic retinopathy exam **$20** copay for diagnostic eye and hearing exams **$150** annual benefit allowance for eyeglasses or contacts at any provider
Free basic membership at 13,000 clubs	Free basic membership at 13,000 clubs	Free basic membership at 13,000 clubs
$3,400	**$3,400**	**$3,400**

Get answers to common questions

What is Original Medicare?

Medicare is a national health insurance program that provides coverage to most people who are age 65 and older or who meet special criteria.

There are two parts to what is referred to as "Original Medicare": Part A - Hospital Insurance and Part B - Medical Insurance. Most people do not pay a monthly premium for Part A. In 2017, people new to Medicare paid $134 per month for Medicare Part B, although those with higher incomes paid more.

When and how do I enroll in Medicare?

Even though the retirement age for full Social Security benefits continues to increase, you can still get Medicare at age 65 (if qualified).

If you are receiving Social Security benefits prior to age 65:

You should automatically receive your Medicare card approximately three to four months before your 65th birthday. Your Medicare Part A and Part B will start on the first day of your birthday month (unless your birthday falls on the first, in which case it will start the first of the previous month). You do not need to do anything further if you want your Medicare to begin.

If you are not drawing Social Security benefits prior to age 65 but want your Medicare to begin at age 65:

You will need to enroll in Medicare Part A and Part B about three months before your birthday month. You may apply online at **ssa.gov/medicare**, via telephone appointment at 1-800-772-1213 (TTY 1-800-325-0778), or in person at a local Social Security office. (*Note: For Railroad retirees, the Railroad Retirement Board handles this enrollment at 1-800-833-4455. TTY users call 312-751-4701*). To get Medicare Part B coverage when first eligible, you must enroll during the three months before your month of eligibility. If you wait until your month of eligibility or the three months following to sign up, your start date will be delayed.

If you or your spouse are actively employed and you have employer group coverage through that employer, when eligible for Medicare:

You may waive your Medicare Part B to avoid paying the monthly premium and pick it up at a later date without penalty. *Note: If the employer has 20 or fewer employees, check with the employer regarding how their coverage interacts with Medicare.* You will want to compare the costs and benefits of waiving Medicare Part B and staying on your employer plan with the costs and benefits of enrolling in Medicare Part B and a health plan like *UCare for Seniors*.

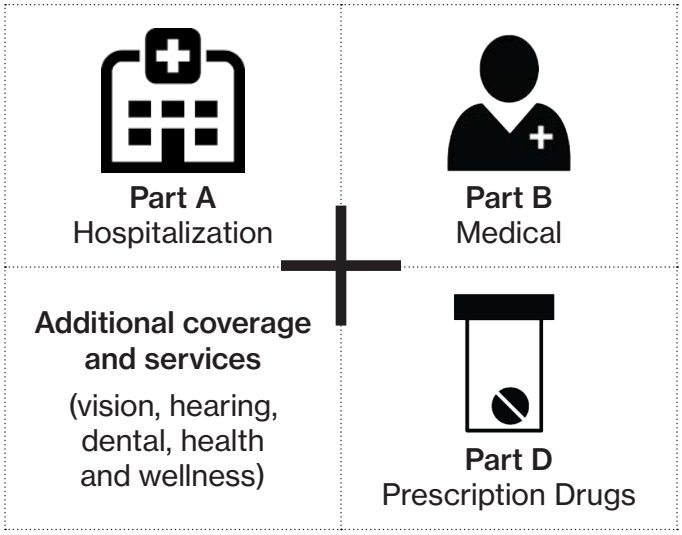
Also, if you or your spouse will work for three months or less beyond your birthday month, you should work closely with Social Security to determine if your Medicare Part B can begin when you want it to.

If you choose to waive Medicare Part B:

When active employment ends or you leave the employer group coverage (whichever occurs first), you can apply for Part B to start as soon as the first of the following month after termination of employment and/or group coverage. You must apply within eight months to avoid a penalty. The employer will need to complete a verification form. You can then enroll in *UCare for Seniors* and request coverage to begin on the same date as your Medicare Part B to avoid a break in coverage. *Note: If you choose to stay on a COBRA plan after leaving active employment, you must enroll in Part B within eight months, or you will have to wait until the General Enrollment Period and a penalty may apply. The General Enrollment Period to apply for Part B is between 1/1-3/31 for a 7/1 effective date.*

What is Medicare Part C?

Medicare Part C is a Medicare Advantage Plan. These are plans that combine Part A, Part B, extra benefits and may include Part D – **all in one**!



How is *UCare for Seniors* different from Medicare supplements?

UCare for Seniors is a Medicare Advantage Plan (also called Medicare Part C) that contracts with the federal government to administer Medicare Part A and Part B. Besides covering everything that Original Medicare covers, *UCare for Seniors* provides additional benefits and has options that include Part D. Because your health coverage is in one coordinated package, you do not have to deal with Medicare's deductibles and coinsurances – only the cost-sharing (copays, coinsurance) with our plans.

You will only show your UCare member identification card to access services. You will no longer use your Medicare card, although you will still have Medicare Part A and Part B.

In contrast, with a Medicare supplement (sometimes called a "Medigap" plan), the bills you receive from your providers are first sent to Medicare, then to your plan. Medicare supplements are not allowed to include Medicare Part D prescription drug coverage in their plans.

What is Medicare Part D?

Medicare Part D is a voluntary outpatient prescription drug program available to anyone who is enrolled in Medicare Part A or Part B. It helps Medicare beneficiaries pay for their prescription drugs.

Do I have to enroll in Medicare Part D?

While it is a voluntary program, if you do not enroll in Medicare Part D when first eligible, in most cases you must wait until the next Annual Election Period to apply (October 15 through December 7 of each year for a January 1 effective date). You may also be assessed a Late Enrollment Penalty of 1% of the national base beneficiary premium for each full, uncovered month that you were eligible to enroll in a Part D plan but did not do so. (The national base beneficiary premium for Year 2018 is $35.02.) This penalty is applied monthly and continues for as long as you have Part D.

There are some situations when the penalty would not be applied, including, but not limited to: (1) if you qualify for Extra Help for Medicare Part D, and (2) if you have maintained creditable drug coverage (at least as good as Medicare's). Examples of creditable drug coverage include drug coverage through the Veteran's Affairs (VA) and prescription drug coverage offered by many (but not all) employer group plans.

Note: If you do not take Medicare Part D when first eligible because you are on an employer group plan with creditable coverage, you will have a Special Election Period to enroll in Part D when your group plan ends and during the two months following.

How do I get Part D?

You enroll in Part D though private health plans. You do not enroll in Medicare Part D directly through Social Security or the Railroad Retirement Board (as you do for Medicare Part A and Part B).

UCare for Seniors =
MEDICARE + EXTRA BENEFITS
ALL IN ONE

Is my doctor in the network?

UCare for Seniors has a large provider network – 92% of all providers in Minnesota are in our network.

When you enroll, you choose a primary care clinic where you will go to receive most of your care. Within this clinic you may see any physician. **In addition, you may see any specialist in the network without a referral.**

While you are a member of our plan, you must use network providers to get your medical care and services covered at in-network cost-share levels. Exceptions to this include emergency care, urgent care, out-of-area dialysis services, lab services, Medicare-covered preventive screenings, and cases in which the plan authorizes use of out-of-network providers. You can obtain certain covered services from out-of-network providers through the Point-of-Service benefit at different cost-share levels. See page 13 for specifics.

For a complete listing of primary care clinics, refer to the *Primary Care Clinic Listing*. For information on network providers (including specialists, hospitals, dentists and chiropractors), go to **ucare.org** or refer to the Provider and Pharmacy Directories (available upon request).

Note: You maintain excellent coverage even while traveling. See pages 12-13 for specifics.

Compare plan benefit details

Use this grid for a side-by-side comparison of benefit, premium and coverage details among our Value, Essentials Rx, Value Plus and Classic plans. Later in this guide, you'll find similar details about a different type of plan, Prime, which has low monthly premiums with higher out-of-pocket costs.

Note: The only difference between Value and Value Plus is that Value Plus includes Medicare Part D.

TYPES OF HEALTH CARE SERVICES	Essentials Rx $56	Value $39 Value Plus $141	Classic $187
Preventive Care			
• **Routine physical exam**	$0 copay	$0 copay	$0 copay
• **Routine eye exam and hearing test**	$0 copay	$0 copay	$0 copay
• **Diabetic retinopathy exam**	$0 copay	$0 copay	$0 copay
• **"Welcome to Medicare" preventive visit** (if in the first 12 months on Part B)	$0 copay	$0 copay	$0 copay
• **Annual Wellness Exam** (if you had Part B for more than 12 months)	$0 copay	$0 copay	$0 copay
• **Immunizations** – Flu and pneumonia vaccines	$0 copay	$0 copay	$0 copay
Note: Per Medicare guidelines, the shingles vaccine (Zostavax) is covered under Medicare Part D.			
• **Mammogram screening**	$0 copay	$0 copay	$0 copay
• **Pap smears and pelvic exams**	$0 copay	$0 copay	$0 copay
• **Prostate cancer screening exam**	$0 copay	$0 copay	$0 copay
• **Bone mass measurement***	$0 copay	$0 copay	$0 copay
• **Diabetes screening***	$0 copay	$0 copay	$0 copay
• **Preventive colorectal cancer screening** (colonoscopy)*	$0 copay	$0 copay	$0 copay
Note: If during a preventive colorectal cancer screening colonoscopy a polyp is discovered and removed, $0 copay applies for the colonoscopy. Colonoscopies for any other reason are considered diagnostic and are subject to the outpatient surgery copay. See page 11.			

*"For people at risk" – includes those with a family history or personal history of having the condition, those with obesity, or those with other abnormalities, as determined by their physician.

TYPES OF HEALTH CARE SERVICES	Essentials Rx $56	Value $39 Value Plus $141	Classic $187
Preventive Care (continued)			
• **Cardiovascular screening**	$0 copay	$0 copay	$0 copay
• **Resources to stop using tobacco**	Included	Included	Included
Outpatient Care			
• **Doctor visits** – Primary – Specialist	 $20 copay $45 copay	 $0 copay $35 copay	 $0 copay $20 copay
• **Diagnostic eye and hearing exams**	$45 copay	$35 copay	$20 copay
• **Outpatient mental health and substance abuse care**	$40 copay	$35 copay	$20 copay
• **Physical therapy, occupational therapy, and/or speech-language pathology**	$40 copay per visit	$35 copay per visit	$20 copay per visit
• **Chiropractic services** – Covers visits for manual manipulation of the spine to correct subluxation.	$20 copay Must use a ChiroCare network provider.	$0 copay Must use a ChiroCare network provider.	$0 copay Must use a ChiroCare network provider.
• **Podiatry services** – Treatment of injuries and diseases of the feet – Routine foot care for members with certain medical conditions affecting the lower limbs	$45 copay	$35 copay	$20 copay
• **Lab services** (e.g., Protime INR, cholesterol)	$0 copay at any Medicare provider	$0 copay at any Medicare provider	$0 copay at any Medicare provider
• **Diagnostic tests** (e.g., MRI and CT scans)**, radiation therapy** and **X-rays**	10% coinsurance up to a maximum of $75 per day	10% coinsurance up to a maximum of $50 per day	$0 copay

TYPES OF HEALTH CARE SERVICES	Essentials Rx $56	Value $39 Value Plus $141	Classic $187
Hospital Care *(per admission)*			
• **Inpatient hospital** (including mental health* and substance abuse care)	$300 copay per day (days 1-5); then 100% covered	$400 copay per stay (not per day); then 100% covered	$250 copay per stay (not per day); then 100% covered
• **Outpatient hospital** (e.g., observation)	10% coinsurance up to a maximum of $75 per day	10% coinsurance up to a maximum of $50 per day	$0 copay
Note: Your hospital status, meaning whether the hospital considers you an "inpatient" or "outpatient," affects how much you pay for hospital services. Inpatient hospital care copays apply if you are admitted to the hospital with a doctor's order. Even while in the hospital, you are considered an outpatient if you are getting emergency department services, observation services, lab tests or X-rays – AND the doctor hasn't written an order to admit you yet. Observation services are services provided to help the doctor decide whether you need to be admitted or if you can be discharged. Generally, this means you are responsible for any copays that apply for each individual service, instead of the hospital inpatient copay. If you have Medicare Part D, your drugs may be covered, but you will likely need to pay out-of-pocket for these drugs and submit a claim for reimbursement at the UCare-negotiated amount.			
*There is a 190-day lifetime limit in a psychiatric hospital.			
Outpatient Surgery			
• **Outpatient surgery or procedure** (includes services provided at ambulatory surgical centers – e.g., cataract surgery, diagnostic colonoscopies)	$300 copay	$250 copay	$150 copay
Supplies			
• **Durable medical equipment** (e.g., oxygen equipment, CPAP)	20% coinsurance	20% coinsurance	20% coinsurance
• **Diabetic**			
– Continuous blood glucose monitors	20% coinsurance	20% coinsurance	20% coinsurance
– Other glucose monitors	20% coinsurance	$0 copay	$0 copay
– Test strips, and lancets	20% coinsurance	$0 copay	$0 copay
(Insulin and syringes covered under Medicare Part D)			
• **Prosthetic devices** (e.g., braces, colostomy bags and supplies)	20% coinsurance	20% coinsurance	10% coinsurance

TYPES OF HEALTH CARE SERVICES	Essentials Rx $56	Value $39 Value Plus $141	Classic $187
Medicare Part B Drugs			
• **Generally, drugs that must be administered by a health professional.**	20% coinsurance	20% coinsurance	20% coinsurance
Emergency/Urgent Care at Home and While Traveling Within the United States			
• **Emergency care** – Copay is waived if admitted to the hospital within 24 hours for the same condition; then inpatient hospital copay would apply.	$100 copay	$100 copay	$100 copay
• **Urgent care**	$50 copay	$50 copay	$50 copay
• **Ambulance** – Includes air and ground if transport and level of service are medically necessary and meet Medicare guidelines.	$200 copay	$100 copay	$100 copay
Note: When traveling, you can be out of the service area for up to six consecutive months. If you are out of the service area for longer than this or you make a permanent move outside the service area, Medicare requires that you disenroll from *UCare for Seniors*.			

UCare 24/7 Nurse Line

Get reliable health information 24 hours a day when you're on the road or at home.

TYPES OF HEALTH CARE SERVICES	Essentials Rx $56	Value $39 Value Plus $141	Classic $187
Worldwide Emergency Care			
• **Applies to care outside the United States and U.S. territories.***	$100 copay	$100 copay	$100 copay
• **Ground ambulance for emergency transportation to the nearest appropriate hospital for emergency care.**	$200 copay	$100 copay	$100 copay

***Coverage includes:**

- **Services furnished by a provider qualified to furnish emergency services and needed to evaluate or stabilize an emergency medical condition.**
- **Post-stabilization, which are services related to an emergency medical condition, provided after stabilization to maintain the condition. Post-stabilization services end at discharge.**
- **Urgently-needed services that are medically necessary and immediately required as a result of an unforeseen illness, injury or condition.**

Notes:

- Only emergency coverage is worldwide. You may want to consider purchasing a separate travel policy while traveling outside the U.S. for extended coverage and services such as air ambulance.
- If you are on a cruise ship and a medical issue arises, the cruise ship physicians may bill you for emergency services. If services are billed as emergency care, you will incur the emergency care copay. If billed as non-urgent medical services from Medicare providers, your Point-of-Service coinsurance applies.

Out-of-Network Coverage for Non-Emergencies			
• **Point-of-Service*** – Applies when you obtain non-emergency services from any Medicare provider out of the *UCare for Seniors* network – no referrals needed.	20% coinsurance for most services	20% coinsurance for most services	20% coinsurance for most services

***Point-of-Service benefit:**

- Exceptions: Flu and pneumonia vaccines, labs, renal dialysis, and Medicare-covered preventive screenings: $0 copay
- There is a $10,000 member out-of-pocket limit and $100,000 plan benefit maximum in a calendar year specific to non-emergency services received out-of-network from any Medicare providers. This benefit may not be used for chiropractic services, routine eye exams and routine hearing tests, durable medical equipment, Medicare-covered eyewear, an annual routine physical examination and/or health and wellness education programs. Contact UCare for a complete list of covered services.

TYPES OF HEALTH CARE SERVICES	Essentials Rx $56	Value $39 Value Plus $141	Classic $187
Skilled Nursing Facility Care (or swing bed)			
• **Semiprivate room and necessary skilled medical services at network facilities; private rooms are covered if medically necessary; including physical therapy, occupational therapy and speech-language pathology**	$0 copay per day for days 1-20; $150 copay per day for days 21-100; per benefit period. **No prior hospitalization is required***	$0 copay per day for days 1-20; $125 copay per day for days 21-100; per benefit period. **No prior hospitalization is required***	$0 copay per day for days 1-20; $100 copay per day for days 21-100; per benefit period. **No prior hospitalization is required***
***No prior hospitalization is required** – With all of our *UCare for Seniors* plan options, we waive the three-day Medicare-covered hospital stay that is required by Original Medicare and many of our competitors. This means you may have access to coverage in more situations.			
Home Health Care			
• **Skilled medical services by a Medicare-certified home health care agency when you are homebound.**	$0 copay	$0 copay	$0 copay
Hospice			
• **Covered by Original Medicare**			
Note: If you elect to enroll in a Medicare-certified hospice program, hospice services and services that are covered by Original Medicare (Part A and Part B), and are related to your terminal condition will be covered by Medicare (rather than our plan). Your hospice provider will bill Medicare directly for the services.			
Out-of-Pocket Maximum per calendar year			
A limit on how much you have to pay out-of-pocket for in-network Medicare-covered services each year. Excludes Medicare Part D and all other non-Medicare covered services (e.g., dental).	$3,400 You are covered at 100% for benefits for the remainder of the calendar year.	$3,400 You are covered at 100% for benefits for the remainder of the calendar year.	$3,400 You are covered at 100% for benefits for the remainder of the calendar year.

TYPES OF HEALTH CARE SERVICES	Essentials Rx $56	Value $39 Value Plus $141	Classic $187
Eyewear			
Annual allowance for eyeglasses or contacts at any provider	None	None	$150
Preventive Dental Services included in your plan (no additional premium)			
• **Oral examinations per calendar year**	One paid in full	One paid in full	Two paid in full
• **Cleanings per calendar year**	One routine paid in full	One routine paid in full	Three routine or perio-maintenance paid in full
• **Bitewing X-rays every 12 months**	$0 copay	$0 copay	$0 copay
• **Full mouth X-rays every 5 years**	Not covered	Not covered	$0 copay
• **Topical application of fluoride in conjunction with a routine cleaning or examination.**	$0 copay	$0 copay	$0 copay

See the next page for even more optional dental coverage.

Dental Network

UCare members use the CivicSmiles Senior dental network, administered by Delta Dental of Minnesota (Delta Dental). See the list of network providers online at **ucare.org**, or call Sales at the phone number listed inside the front cover. If you receive dental services from a non-network licensed provider (who has not opted out or been excluded from Medicare), you may be responsible for submitting your bills and paying the cost share and difference between the dental fees and the allowable amount.

TYPES OF HEALTH CARE SERVICES	Essentials Rx $56	Value $39 Value Plus $141	Classic $187
Optional Comprehensive Dental *(for an additional premium)*			
You can enroll in the comprehensive dental plan when you first join the health plan, and throughout the first month of enrollment. If you do not join at that time, you have to wait to apply between October 15 through December 7 for coverage starting January 1 of the following year.			
Plan	*Choice Dental*	*Choice Dental*	*Classic Choice Dental*
Premium	$20	$20	$21
Annual coverage maximum	$1,000	$1,000	$1,200
• **One additional oral examination**	$0 copay	$0 copay	None; two already included with Classic
• **One additional routine cleaning of the teeth**	$0 copay	$0 copay	None; three already included with Classic
• **Full mouth X-rays every 5 years**	$0 copay	$0 copay	None; already included with Classic
Annual deductible ***(applies to benefits below)***	$75	$75	$50
After deductible, you pay:			
• **Basic services**	30% coinsurance	30% coinsurance	20% coinsurance
• **Endodontics**	30% coinsurance	30% coinsurance	20% coinsurance
• **Periodontal maintenance cleanings**	$0 copay	$0 copay	Already included with Classic
• **All other periodontic services**	30% coinsurance	30% coinsurance	20% coinsurance
• **Oral/Maxillofacial surgery**	30% coinsurance	30% coinsurance	20% coinsurance
• **Restorative services**	60% coinsurance	60% coinsurance	50% coinsurance
• **Prosthodontics – removable and fixed**	60% coinsurance	60% coinsurance	50% coinsurance
• **Implants**	60% coinsurance	60% coinsurance	50% coinsurance
See separate Dental Plan Options section for a description of services.			

TYPES OF HEALTH CARE SERVICES	Essentials Rx $56	Value $39 Value Plus $141	Classic $187
Fitness Programs			
UCare offers two different fitness options to choose from to stay active and feel great! The fitness program you select (option 1 or option 2) is included with all *UCare for Seniors* plans. For full details see Section 4.			
Option 1: ***SilverSneakers® Program***	Free basic membership at over 13,000 locations	Free basic membership at over 13,000 locations	Free basic membership at over 13,000 locations
To see a list of participating locations, go to silversneakers.com.			
Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. ©2017 Tivity Health, Inc. All rights reserved.			
Option 2: ***Health Club Savings Program*** *(at a participating health club not in the SilverSneakers network)*	Up to $20 per month	Up to $20 per month	Up to $20 per month
To see a list of participating clubs, go to ucare.org.			

Ready to Enroll?

Go online to **ucare.org** or call sales at the phone number listed inside the front cover (more information on page 27)

Learn about Medicare Part D (drug coverage)

Medicare Part D coverage included with these plan options (no additional premium)

Part D Prescription Coverage	Essentials Rx	Value Plus	Classic
Initial Coverage Stage From $0 to $3,750 in annual prescription drug costs (your cost plus UCare's cost).	**You pay:** Annual deductible: $300 (All tiers)	**You pay:** Annual deductible: $250 (Tiers 2-5)	**You pay:** Annual deductible: $200 (Tiers 2-5)
Tier 1 (30 day supply)	Preferred: $2 copay Standard: $7 copay	Preferred: $1 copay Standard: $6 copay	Preferred: $0 copay Standard: $5 copay
Tier 2 (30 day supply)	Preferred: $10 copay Standard: $15 copay	Preferred: $7 copay Standard: $12 copay	Preferred: $7 copay Standard: $12 copay
Tier 3 (30 day supply)	Preferred: $40 copay Standard: $45 copay	Preferred: $35 copay Standard: $40 copay	Preferred: $35 copay Standard: $40 copay
Tier 4 (30 day supply)	Preferred: $95 copay Standard: $100 copay	Preferred: $95 copay Standard: $100 copay	Preferred: $95 copay Standard: $100 copay
Tier 5 (30 day supply)	27% coinsurance	28% coinsurance	29% coinsurance

Note: You CANNOT be a member of the Value plan and a stand-alone Medicare Part D plan at the same time. If you want both medical coverage and prescription drug coverage, choose Prime, Essentials Rx, Value Plus, or Classic.

Part D Prescription Coverage	Essentials Rx	Value Plus	Classic
Coverage Gap Stage Once you have reached $3,750 in annual prescription drugs (your cost plus UCare's cost), you pay as shown. This continues until **you** spend $5,000 in annual "out-of-pocket" drug costs. *Notes: Your coverage gap is $5,000 minus the portion of the $3,750 that you paid out of your own pocket.* *The size of the coverage gap is NOT $5,000 minus $3,750.*	**You pay:** 44% of the cost of generic drugs. 35% of the cost of brand-name drugs. The discount will be applied at the pharmacy.	**You pay:** 44% of the cost of generic drugs. 35% of the cost of brand-name drugs. The discount will be applied at the pharmacy.	**You pay:** Tier 1 Preferred: $0 copay Standard: $5 copay up to a 30-day supply. Tier 2 Preferred: $7 copay Standard: $12 copay up to a 30-day supply. 44% of the cost of Tier 4 and Tier 5 generic drugs. 35% of the cost of brand-name drugs. The discount will be applied at the pharmacy.
Note: Of the remaining 65% for brand-name drugs, drug manufacturers discount 50%, and your plan pays 15%. The 50% that is discounted by drug manufacturers will count toward your out-of-pocket costs as if you had paid this amount yourself, and it moves you through the coverage gap.			
Catastrophic Coverage Stage Once you have reached $5,000 in annual "out-of-pocket" costs, you pay as shown.	**You pay:** The greater of $3.35 or 5% coinsurance for generic drugs. The greater of $8.35 or 5% coinsurance for brand-name and specialty drugs.	**You pay:** The greater of $3.35 or 5% coinsurance for generic drugs. The greater of $8.35 or 5% coinsurance for brand-name and specialty drugs.	**You pay:** The greater of $3.35 or 5% coinsurance for generic drugs. The greater of $8.35 or 5% coinsurance for brand-name and specialty drugs.
Note: You will receive an Explanation of Benefits (EOB) by mail for every month you have a Part D prescription filled. This EOB shows where you are in the Medicare Part D coverage model. You will receive these EOBs the month following the month of service.			

How to search for covered drugs

In the *UCare for Seniors* Formulary (list of covered drugs), look up the name of your prescription drugs in the alphabetical index in the back, and refer to the page number listed. The formulary is included in the *UCare for Seniors* information kit.

You can also search our formulary online at **ucare.org**.

Options for filling your prescriptions

Members must use network pharmacies to access their prescription drug benefits, except under non-routine circumstances.

Mail order through Express Scripts:

- ✓ **Savings** –You get a 90-day supply of maintenance medications for two copays.
- ✓ **Safety** – 99.99% accurate.
- ✓ **Convenience** – Free standard shipping, flexible payment options, and automatic refills.

You choose one of three ways to receive your medications at home:

1. Mail in your prescriptions.
2. Call in your prescriptions.
3. Order online at express-scripts.com.

You can choose to pay by personal check or money order – Visa®, Mastercard®, American Express®, or Discover® – or by using a bank-issued debit card.

You will receive additional information on Express Scripts in your new member packet.

Retail Pharmacies

The network of more than 55,000 includes nationwide chain pharmacies (e.g., Walgreens, CVS), as well as many local pharmacies. To locate network pharmacies near you, use the "Find a Pharmacy" tool at **ucare.org** or refer to the Provider and Pharmacy Directories. Most retail pharmacies will fill 90-day prescriptions.

Preferred Pharmacies

You can save even more by using one of our *preferred network pharmacies*. The preferred value network of over 24,000 pharmacies offers prescriptions at a reduced rate.

To locate a preferred pharmacy near you, use the "Find a Pharmacy" tool at **ucare.org:**

- Preferred pharmacies will be sorted at the top of your search results and include the "Preferred pharmacy" indicator.
- Results are also sorted by distance so you can find the most convenient location.

In addition, preferred pharmacies are noted in the Provider and Pharmacy Directories.

Additional requirements or limits on covered drugs

Some covered drugs may have additional requirements or limits on coverage, in many cases for quality and/or safety reasons. These requirements and limits may include:

- *Prior Authorization (PA)* – Approval from *UCare for Seniors* before you fill your drug.
- *Quantity Limits (QL)* – Limits on the amount of the drug that *UCare for Seniors* will cover.
- *Step Therapy (ST)* – Requiring you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

You can find out if your drug has any additional requirements or limits by looking in the formulary included in the *UCare for Seniors* kit. You can also ask us to make an exception to these restrictions or limits. Details on how to make these requests are included in the front section in the formulary and will also be detailed in the *UCare for Seniors* Evidence of Coverage document you receive after you enroll.

Extra Help for Part D

You may be able to get Extra Help to help pay for your prescription drug premiums and costs. To see if you qualify, call:

- 1-800-MEDICARE (TTY 1-877-486-2048), 24 hours a day, 7 days a week.
- Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778), between 7 a.m. and 7 p.m., Monday through Friday.
- Your State Medicaid Office or County Human Services Office.
- Senior LinkAge Line® at 1-800-333-2433.

Some people will pay a higher premium for Part D coverage because their yearly income is over certain amounts (over $85,000 for singles, over $170,000 for married couples).

Get to know the Prime plan

A Medicare health plan for only $5 a month?

Sound too good to be true? The great news is that it is true! To make sure *UCare for Seniors* Prime is right for you, here are some details.

Prime is a good fit if you want some coverage beyond Original Medicare, the protection of an out-of-pocket maximum, and Part D prescription drug coverage, but are willing to take on higher cost-sharing for services in exchange for a lower premium. Consider Prime if you can't afford a large premium in addition to Medicare OR if you can afford more, but prefer to pay a low monthly premium and more for services.

This plan includes such great features as the SilverSneakers® fitness program, worldwide emergency/urgently needed care coverage, and access to more than 92% of Minnesota health care providers.

TYPES OF HEALTH CARE SERVICES	Prime $5
Preventive Health Care	
• **"Welcome to Medicare" preventive visit** (if in the first 12 months on Part B)	$0 copay
• **Annual Wellness Exam** (if you had Part B longer than 12 months)	$0 copay
• **Immunizations** (e.g., flu and pneumonia vaccines)	$0 copay
• **Diabetic retinopathy exam**	$50 copay
• **Mammogram screening**	$0 copay
• **Pap smears and pelvic exams**	$0 copay
• **Prostate cancer screening exam**	$0 copay
• **Bone mass measurement***	$0 copay
• **Preventive colorectal cancer screening*** (colonoscopy)	$0 copay
Note: If during a preventive colorectal cancer screening colonoscopy a polyp is discovered and removed, $0 copay applies for the colonoscopy. Colonoscopies for any other reason are considered diagnostic, and are subject to the outpatient surgery coinsurance. See page 24.	
• **Cardiovascular screening**	$0 copay
• **Diabetes screening***	$0 copay
• **Resources to stop using tobacco**	Included

**"For people at risk" – includes those with a family history or personal history of having the condition, those with obesity, or those with other abnormalities, as determined by their physician.*

TYPES OF HEALTH CARE SERVICES	Prime $5
Medical Services - *After a $175 annual deductible for the following services, you pay:*	
• **Doctor visits** (no referrals needed) – Primary – Specialist	 $35 copay $50 copay
• **Diagnostic tests** (e.g., MRI and CT scans)**, X-rays**	20% coinsurance
• **Medicare Part B drugs**	20% coinsurance
• **Diagnostic eye and hearing exams**	$50 copay
• **Outpatient mental health care**	$40 copay
• **Outpatient substance abuse care**	$50 copay
• **Physical & occupational therapy, speech-language pathology**	$40 copay
• **Durable medical equipment** (e.g., oxygen equipment, wheelchairs)	20% coinsurance
• **Coverage for glucose monitors, test strips and lancets**	20% coinsurance
• **Prosthetic devices** (e.g., colostomy bags)	20% coinsurance
• **Podiatry services** (treatment of specific injuries and diseases of the feet and routine foot care for members with certain medical conditions affecting the lower limbs)	$50 copay
• **Chiropractic services** (manual manipulation of the spine to correct subluxation)	$20 copay Must use ChiroCare network.

TYPES OF HEALTH CARE SERVICES	Prime $5
Hospitalization/Lab Services/Skilled Nursing Facility Care/Home Health Care	
• **Hospital care** (per admission) – Inpatient hospital (including mental health* and substance abuse care) – Outpatient hospital (e.g., observation)	 $300 copay per day for days 1-5, then 100% coverage per inpatient admission 20% coinsurance
• **Outpatient surgery or procedure**	20% coinsurance
• **Lab services at any Medicare provider** (e.g., Protime INR, cholesterol)	20% coinsurance
• **Skilled nursing facility care** (semiprivate room and necessary skilled medical services at network facilities, including PT, OT, and S-L Pathology)	$0 per day for days 1-20, $167.50 per day for days 21-100. **No prior hospitalization is required.**
• **Home health care** (skilled medical services by a Medicare-certified home health care agency when you are homebound)	$0 copay
* There is a 190-day lifetime limit in a psychiatric hospital.	
Emergency and Out-of-Network Non-emergency Coverage	
• **Worldwide emergency/urgently needed care**	$80 copay
• **Urgent care centers** (within U.S. and its territories)	$45 copay
• **Out-of-network coverage for non-emergencies called Point-of-Service** (from any Medicare provider out of the *UCare for Seniors* network; no referrals needed) **Note:** There is a $10,000 member out-of-pocket limit and a $100,000 plan benefit maximum in a calendar year specific for non-emergency services received out-of-network. This benefit may not be used for chiropractic services, durable medical equipment and/or health and wellness education programs. Contact UCare for a complete list of covered services.	Deductible: $1,000; then 30% coinsurance for most services Exceptions: Flu and pneumonia vaccines and Medicare-covered preventive benefits are covered in full at any Medicare provider.
• **Ambulance**	$200 copay
Note: • Includes air and ground within the U.S. and its territories if transport and level of service are medically necessary and meet guidelines. • Outside the U.S. and its territories, only ground ambulance for emergency transportation to the nearest appropriate hospital for emergency care.	

TYPES OF HEALTH CARE SERVICES	Prime $5
Out-of-Pocket Maximum	
A limit on how much you have to pay out-of-pocket for in-network Medicare-covered services each year (excludes Medicare Part D and all other non-Medicare covered services).	$6,700 out-of-pocket maximum in a calendar year. You are covered at 100% for benefits for the remainder of the calendar year.
Fitness Programs *(you can select one of the fitness options below)*	
• **SilverSneakers** Plus, online support, FLEX fitness classes, and an at-home "Steps Kit".	Free basic membership at over 13,000 locations. Go to silverneakers.com for a list.
• **Health Club Savings Program**	Up to $20 per month a participating club not in the SilverSneakers network
Medicare Part D Prescription Drug Coverage	
• **Deductible**	$405 per year
• **Initial coverage stage**	25% coinsurance until you reach $3,750 in annual prescription drug costs (your cost plus UCare's cost)
• **Coverage gap stage**	Once you have reached $3,750 in annual prescription drugs, you pay 44% for the cost of generic drugs and 35% for the cost of brand-name drugs. This continues until you spend $5,000 in annual out-of-pocket drug costs.
• **Catastrophic coverage stage**	You pay the greater of $3.35 or 5% coinsurance for generic drugs, the greater of $8.35 or 5% coinsurance for brand-name drugs.

Explore special services

Care Management

UCare provides extra support, when needed, to members with short-term or complex health needs, and social service needs. A case manager is available to you based on several factors, including your use of acute services, your health assessment or provider referral.

For example, care management is offered to members with select diagnoses who have either a planned or unplanned transition from a hospital or skilled nursing facility to their home. Care management activity in those cases may include communication with a facility discharge planner, medication reconciliation, assisting with scheduling follow-up appointments, and ensuring home care services are in place if ordered by your provider. The case manager's primary role is to coordinate services across the continuum of health care. Care management is conducted by phone during regular business hours.

Prior Authorizations

Some services listed in the benefits chart are covered only if your doctor or other provider gets approval from us in advance (sometimes called "prior authorization"). For example, some of the covered services that need approval in advance include inpatient rehabilitation services, genetic molecular diagnosis test, spine surgery, bone growth stimulators and spinal cord stimulators. For more information on services that require prior authorization by your provider, go to **ucare.org**.

This information is included in the Benefits Chart section of the Annual Notice of Changes/Evidence of Coverage document for each of our *UCare for Seniors* plan options. This information is also at **ucare.org**.

When you can join or change plans

Medicare has limits to when and how often you can change your Medicare health plan. These specific time frames, called "election periods," determine when you can enroll in, or voluntarily disenroll from, a Medicare Advantage Plan. These include:

- **Initial Coverage Election Period:**
  At any time during the year, if you become eligible for Medicare (either by age or disability), you may enroll in a Medicare Advantage Plan during your **Initial Coverage Election Period (ICEP)**.

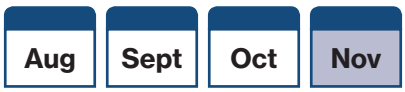
  – If you take both Part A and Part B when first eligible, this is a seven-month period (the three months before, the month of, and the three months after you become eligible).

  For example, if your birthday is July 4:

3 months before 3 months after

  – If you have had Part A and are just applying for Part B, this period is limited to the three months prior to your enrollment in Part B.

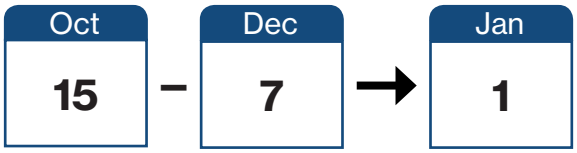
  For example:



Note: When enrolling in a *UCare for Seniors* plan during your Initial Coverage Election Period (ICEP), the soonest Medicare allows us to accept your enrollment request form is three months prior to your desired effective date. For example, if your Medicare Part A and Part B begin on July 1, we can accept your enrollment form between April 1 and June 30, not in the month of March, even if you already received your Medicare card.

- **Annual Election Period:**
  Every year between October 15 and December 7, you have an **Annual Election Period (AEP)** during which you can make a plan change to be effective on January 1 of the following year. This change may include adding or dropping Medicare Part D.

  Note: Medicare Advantage plans release their rates and benefits for the following year on October 1.



Annual Election Period Coverage begins

- **Special Election Periods:**
  Medicare created **Special Election Periods (SEPs)** for specific situations that occur throughout the year that may allow you to change plans. Although there are more than 20 types of Special Election Periods, some of the most common include:

  – You are leaving or losing coverage through an employer or union (including COBRA).

  – You make a permanent move and have new plan options available in your new area.

  – You are on Medical Assistance or lose eligibility for Medical Assistance.

  – You receive Extra Help for Medicare Part D.

Certain time frames and limitations apply to each of the special election periods.

- **Medicare Advantage Disenrollment Period:**
  The Medicare Advantage Disenrollment Period (MA-DP) runs from January 1 through February 14. During this time, you can disenroll from a MA plan and return to Original Medicare. You can also enroll in a Part D drug plan. The effective date of disenrollment is the first day of the month following the date the disenrollment request is received. The period does not allow a beneficiary to switch from Original Medicare to a MA plan, or switch from one MA plan to another.

Ready to Enroll?

You can enroll in *UCare for Seniors* in the following ways, by:

- **Completing the enrollment form in the front pocket of this kit and either mailing it in the postage-paid envelope or faxing it to 612-676-6562.**
- **Enrolling online at ucare.org or at medicare.gov.**
- **Calling the sales number on the inside cover for assistance with enrolling.**

Forms By Mail

Your enrollment form needs to be *received* by (not postmarked by) the end of the month prior to when you want coverage to start (except during the Annual Election Period – must be received by 12/7 for a 1/1 effective date).

How to pay your premiums

You can pay your *UCare for Seniors* premium in one of the following ways (please do not send money with your enrollment form):

EFT **Using Automatic Payment/Electronic Funds Transfer (EFT):** You can choose to have your premium deducted from a checking or savings account by providing your bank name, account number, and routing number on the enrollment form. The deduction will occur between the 7th and 10th of each month. You will not receive a monthly billing statement from UCare (although you may receive one when you first enroll). You will receive an annual notice of the deductions each December. Your premium cannot be charged to a credit card.

By Mail: You will receive your monthly billing statement around the 20th of each month for the next coverage month. However, if we received your enrollment form after the billing cycle has occurred, your first bill will come around the 20th of the month following your effective date and will be for the first two months of coverage. After that, you will receive a monthly bill. You can choose to pay for an extended number of months (e.g., three or six months). When you get your monthly bill, multiply your premium by the number of months you wish to pay, and send in your payment.

Social Security or Railroad Retirement Board Withdrawal: You can choose to have your premium deducted from your Social Security or Railroad Retirement Board check. This deduction may take two months or more to begin. In most cases, the first deduction from your benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. Occasionally these requests are rejected. If that happens, we may need to bill you monthly until we resubmit your request and it is approved. Please pay these bills. Once it is accepted, we will stop billing you.

Generally you must stay with the option you choose for the rest of the year. If you do not select a payment option, you will receive a bill each month.

If you qualify for Extra Help for Medicare Part D, Medicare will cover all or part of your plan premium for Medicare Part D. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

What to expect once you've enrolled

Once we receive your enrollment form, you:

- May receive a call from us if there is any required information missing on the enrollment form.
- Will get a letter within 15 days to verify your enrollment.
- May receive a letter from us if you did not have a Medicare Part D plan from the date you were first eligible.
- May receive a letter from us if you are leaving an employer group plan to join our plan.
- Will get a new member packet.
- Will get a UCare member identification card that you can begin using as of your effective date. Should you require medical services or prescription drugs prior to receiving your ID card, please call Customer Services at the number below.

Customer Services	**1-877-523-1515** **24 hours a day, seven days a week.**
If you are hearing impaired	**TTY 1-800-688-2534** **24 hours a day, seven days a week.**

Consider Medicare coverage limits

The following items and services are not covered under Original Medicare or by our plan:

- Services considered not reasonable and unnecessary, according to the standards of Original Medicare, unless these services are listed by our plan as covered services.
- Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare-approved clinical research study or by our plan. Experimental procedures and items are those determined by our plan and Original Medicare to not be generally accepted by the medical community.
- Private room in a hospital, except when it is considered medically necessary or if it is the only option available.
- Personal items in your room at a hospital or a skilled nursing facility (e.g., television).
- Full-time nursing care in your home.
- Custodial care — care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living (e.g., bathing or dressing).
- Homemaker services include basic household assistance, including light housekeeping or light meal preparation.
- Fees charged for care by your immediate relatives or members of your household.
- Cosmetic surgery or procedures, unless covered in case of an accidental injury or for improvement of the functioning of a malformed body member. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
- Chiropractic care, other than manual manipulation of the spine to correct a subluxation.
- Home-delivered meals.
- Routine foot care, except for the limited coverage provided according to Medicare guidelines (e.g., if you have diabetes).
- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
- Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.
- Hearing aids or exams to fit hearing aids.
- Eyeglasses (except some coverage included with our Classic plan), radial keratotomy, LASIK surgery, vision therapy and other low vision aids. However, one pair of eyeglasses (or contact lenses) are covered for people after cataract surgery.
- Reversal of sterilization procedures, and/or non-prescription contraceptive supplies.
- Acupuncture.
- Naturopath services (uses natural or alternative treatments).

Our plan will not cover the excluded services listed above. Even if you receive the services at an emergency facility, the excluded services are still not covered.

Read about our nondiscrimination policy

Notice of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **612-676-6500 (voice)** or toll free at **1-866-457-7144 (voice)**, **612-676-6810 (TTY)**, or **1-800-688-2534 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **612-676-6500** or toll free at **1-866-457-7144 (voice)**; **612-676-6810** or toll free at **1 800 688 2534 (TTY)**.

If you believe that UCare 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 an oral or written grievance.

Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call **612-676-6500** or toll free at **1-866-457-7144 (voice)**; **612-676-6810** or toll free at **1 800-688-2534 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address
UCare
Attn: Complaints, Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Email: cag@ucare.org
Fax: 612-884-2021

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, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 612-676-6500/1-866-457-7144（TTY：612-676-6810/1-800-688-2534）。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-6500/1-866-457-7144 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 612-676-6500/1-866-457-7144 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟ်သူဉ်ဟ်သး–နမ့်ကတိၤ ကညီ ကျိာ်အယိ, နမၤန့့် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ.
ကိး 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយា ភាសារ៉ូស, រសរ៉ាជំនួយរ៉ូផ្ទកភាសា ដោយមិនគិតឈ្នួល គឺអ្នកមានសរ៉ាប់ បំ រ៉ូអ្នក។ ចូរ ទូរស័ព្ទ 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 612-676-6500/1-866-457-7144 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-6500/1-866-457-7144 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

Notes

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