

UCare resources for your pregnancy

UCare is dedicated to giving you the support you need during pregnancy and after your baby is born.

For more information, go to ucare.org/familywellness or call the UCare Customer Service number on your member identification (ID) card.

How can UCare help while I am pregnant?

Earn a reward for getting early prenatal care

Earn a reward by completing your first prenatal doctor visit within the first three months of your pregnancy or within 42 days of your UCare enrollment. Your doctor or midwife will check to make sure you and your growing baby are well and answer your questions.

Call the UCare Pregnancy Advisor Nurse Line

Get free expert advice, support and answers to your pregnancy questions. Call the UCare Pregnancy Advisor Nurse Line at 1-855-260-9708 (TTY call 711).

Attend childbirth education classes

Learn what to expect during labor and delivery. Talk to your doctor or midwife about where classes are offered or call UCare Customer Service.

Order no-cost pregnancy education resources

Members can order a guidebook about pregnancy and babies, a book to help tobacco users quit and other resources. To order, call UCare Customer Service.

How can UCare help after my baby arrives?

Get a free car seat and safety education

UCare members who are pregnant and children under age 8 may be eligible for free car seats and car seat education. For more information, call the UCare Customer Service number on your member ID card.

Receive a no-cost breast pump

After your baby is born, you may be eligible for a no-cost breast pump from UCare. Check with your doctor or midwife or call UCare Customer Service.

Earn a reward for getting your checkup after delivery

Earn a reward for completing your doctor visit between 1–12 weeks after you give birth. Your doctor or midwife will check on how you're feeling emotionally and physically and answer your questions.

Get tips on how to care for your baby

Visit ucare.org/familywellness to get helpful tips on how to care for your baby, including information on how to prevent diaper rashes, treating fevers at home and so much more.



How else can UCare help?

Save up to \$50 a week at the grocery store

Get discounts up to \$50 a week on healthy foods at participating grocery stores through our Healthy Savings® program. Add discounts on household items, like baby care and cleaning supplies with the *Save More* section online or in the app. Learn more at healthysavings.com/ucare.

Get no-cost transportation to medical appointments

UCare Health Ride can arrange transportation to and from eligible medical and dental appointments. Call 1-800-864-2157 (TTY 1-800-688-2534) to schedule. Available to UCare Prepaid Medical Assistance Program (PMAP), children on MinnesotaCare (MnCare), UCare Connect (SNBC) and UCare Connect + Medicare (HMO D-SNP) members.

Call the UCare Tobacco and Nicotine Quit Line

Get support to help you quit tobacco and vaping. Start by calling 1-855-260-9713 (TTY call 711), visit myquitforlife.com/ucare or download the Rally Coach Quit for Life mobile app. Earn a reward when you complete a phone assessment during your pregnancy or during your baby's first year.

Pregnant UCare members get extra health benefits. As soon as you learn you are pregnant, call your county worker, MinnesotaCare or MNsure to learn more.

How do I get the care I need?

Make a plan with your doctor or midwife early about who to contact with pregnancy questions and concerns. Call right away if something is worrying you.

When to call your doctor or midwife:

- Bleeding or leaking fluid from the vagina
- Sudden or severe swelling in the face, hands or fingers
- Severe or long-lasting headaches and/or dizziness
- Discomfort, pain or cramping in the lower abdomen
- Discomfort, pain or burning with urination
- Problems seeing or blurred vision
- Suspect your baby is moving less than normal after 28 weeks of pregnancy or if you count less than 10 movements within two hours
- Thoughts of harming yourself or your baby

You know your body best. If your symptoms persist or worsen, call 911 or go to the nearest emergency room.

Source: Office on Women's Health in the U.S. Department of Health and Human Services

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Toll free 1-800-203-7225, TTY 1-800-688-2534

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

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ်လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

Civil Rights Notice

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

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

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: cag@ucare.org

Auxiliary Aids and Services: UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services: UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints

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

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

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

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights
 U.S. Department of Health and Human Services
 Midwest Region
 233 N. Michigan Avenue, Suite 240
 Chicago, IL 60601
 Customer Response Center: Toll-free: 800-368-1019
 TDD Toll-free: 800-537-7697
 Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

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

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

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

Minnesota Department of Human Rights
 540 Fairview Avenue North, Suite 201
 St. Paul, MN 55104
 651-539-1100 (voice)
 800-657-3704 (toll-free)
 711 or 800-627-3529 (MN Relay)
 651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

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

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

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

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

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

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

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service