

UCare Value Plus (HMO-POS) offered by UCare Minnesota

Annual Notice of Changes for 2022

You are currently enrolled as a member of UCare Value Plus. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
-

What to do now

1. **ASK:** Which changes apply to you

Check the changes to our benefits and costs to see if they affect you.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 1.1 and 1.4 for information about benefit and cost changes for our plan.

Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you visit regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our *Provider and Pharmacy Directory*.

Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
- Review the list in the back of your *Medicare & You 2022* handbook.
- Look in Section 3.2 to learn more about your choices.



Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

- 3. CHOOSE:** Decide whether you want to change your plan
 - If you don't join another plan by December 7, 2021, you will be enrolled in UCare Value Plus.
 - To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.
- 4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2021**
 - If you don't join another plan by **December 7, 2021**, you will be enrolled in UCare Value Plus.
 - If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Customer Service number at 612-676-3600 or 1-877-523-1515 toll free for additional information. (TTY users should call 612-676-6810 or 1-800-688-2534 toll free.) Hours are 8 am – 8 pm, seven days a week.
- Upon request, we can give you information in braille, in large print, or other alternate formats if you need it.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About UCare Value Plus

- UCare Minnesota is an HMO-POS plan with a Medicare contract. Enrollment in UCare Minnesota depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means UCare Minnesota. When it says “plan” or “our plan,” it means UCare Value Plus.

Y0120_2459_9846_082021_M

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 **612-676-3200 (voice)** or toll free at **1-800-203-7225 (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 **612-676-3200** or toll free at **1-800-203-7225 (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 **612-676-3200** or toll free at **1-800-203-7225 (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: 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 612-676-3200/1-800-203-7225 (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 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (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 612-676-3200/1-800-203-7225 (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 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክሶሎን ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမ္မာကတိ ကညိ ကျိအယိ, နမနာ ကျိအတိမစာလေ တလက်ဘုဂ်လက်စူ နိတမံဘဂ်သုနုဂ်လိ။
ဟိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រសវាជំនួយវេជ្ជករភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 612-676-3200/1-800-203-7225 (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 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (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 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for UCare Value Plus in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at ucare.org/formembers. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
<p>Monthly plan premium</p> <p>Refer to Section 1.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.</p> <p>(Refer to Section 1.2 for details.)</p>	<p>In-network: \$5,500</p> <p>Out-of-network: \$7,500</p>	<p>In-network: \$5,500</p> <p>Out-of-network: \$7,500</p>
<p>Doctor office visits</p>	<p>In-network: Primary care visits: \$0 copay per visit Specialist visits: \$45 copay per visit</p> <p>Out-of-network: Primary care visits: \$0 copay per visit Specialist visits: \$45 copay per visit</p>	<p>In-network: Primary care visits: \$0 copay per visit Specialist visits: \$45 copay per visit</p> <p>Out-of-network: Primary care visits: \$0 copay per visit Specialist visits: \$45 copay per visit</p>
<p>Inpatient hospital stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	<p>In-network: \$150 copay per day for days 1-5. Thereafter you pay a \$0 copay for Medicare-covered days.</p> <p>Out-of-network: 20% coinsurance</p>	<p>In-network: \$150 copay per day for days 1-5. Thereafter you pay a \$0 copay for Medicare-covered days.</p> <p>Out-of-network: 20% coinsurance</p>

Annual Notice of Changes for 2022

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Choice Dental (optional supplemental benefit)	\$25	\$25
Part B Premium Reduction	\$20	\$20

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	In-network: \$5,500 Out-of-network: \$7,500	In-network: \$5,500 Once you have paid \$5,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year. Out-of-network: \$7,500 Once you have paid \$7,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at ucare.org/searchnetwork. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2022 *Provider and Pharmacy Directory* to check if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, refer to Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your 2022 *Evidence of Coverage*.

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Ambulatory surgical center services	In-network: You pay a \$250 copay for each Medicare-covered outpatient surgery or procedure at an ambulatory surgical center.	In-network: You pay a \$225 copay for each Medicare-covered outpatient surgery or procedure at an ambulatory surgical center.
Health Club Savings Program	In-network: You can get a reimbursement of up to \$20 each month towards your health club membership fee.	In-network: You can get a reimbursement of up to \$30 each month towards your health club membership fee.
Health and wellness education programs	SilverSneakers® Fitness Program If your health club is in the SilverSneakers® network, you get a free, basic fitness membership, extra fitness classes at local parks, recreation centers, and more.	One Pass™ One Pass™ fitness program: including gym membership, online fitness classes, at home fitness kits, brain training, and no-cost social events, activities and classes.
Hearing services	In-network: You pay a \$35 copay for each Medicare-covered visit.	In-network: You pay a \$45 copay for each Medicare-covered visit.
Member Assistance Program through M Health Fairview	Member Assistance Program services are <u>not</u> covered.	In-network: You pay a \$0 copay for each caregiver counseling session. In-network: You pay a \$0 copay for one 60-minute session with a dedicated caregiver advisor over the phone.

Cost	2021 (this year)	2022 (next year)
Opioid treatment program services	In-network: You pay 10% of the total cost for Medicare-covered opioid treatment program services.	In-network: You pay a \$0 copay for Medicare-covered opioid treatment program services.
Over-the-Counter (OTC) Benefit through Healthy Savings	In-network: You get a \$50 OTC allowance twice per year.	In-network: You get a \$75 OTC allowance twice per year.
Skilled nursing facility (SNF) care	In-network: You pay a \$0 copay per day for days 1-20; \$184 copay per day for days 21-100, per benefit period.	In-network: You pay a \$0 copay per day for days 1-20; \$188 copay per day for days 21-100, per benefit period.
Vision care	In-network: You pay a \$35 copay for each Medicare-covered visit.	In-network: You pay a \$45 copay for each Medicare-covered visit.

SECTION 2 Administrative Changes

Description	2021 (this year)	2022 (next year)
Dental Providers	You may go to any licensed dental provider who accepts Medicare patients in the U.S. and has not opted out of Original Medicare.	You may go to any licensed dental provider in the U.S. Dentists who have agreed to provide treatment to UCare members covered by a Delta Dental policy are called “participating” dentists. A participating Delta Dental dentist has agreed to accept the allowable charge as payment in full for covered dental care. A participating dentist is not allowed to bill more than the allowable charge.
How to access your plan’s eyewear allowance benefit	You pay out-of-pocket for your eyewear purchase. Then you send us a copy of your receipt and ask to be paid back for the plan’s share of the cost.	You can access your eyewear allowance using your UCare Reward Benefit Mastercard. You can use the Mastercard to pay for eyewear purchases up to the allowable amount at the vision retailer.

Description	2021 (this year)	2022 (next year)
Ways you can pay your plan premium and/or Part D late enrollment penalty (if required)	You can pay by: <ul style="list-style-type: none"> • Check • Credit card/debit card through the Member Portal • Electronic Funds Transfer (EFT) • Your Social Security Administration (SSA) check • Your Railroad Retirement Board (RRB) check 	You can pay by: <ul style="list-style-type: none"> • Check • Credit card/debit card through the Member Portal • Credit/debit card or checking/savings account by calling Customer Service • Electronic Funds Transfer (EFT) • Your Social Security Administration (SSA) check • Your Railroad Retirement Board (RRB) check

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in UCare Value Plus

To stay in our plan you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our UCare Value Plus.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (SHIP) (refer to Section 5), or call Medicare (refer to Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, UCare Minnesota offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from UCare Value Plus.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UCare Value Plus.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - -- OR -- Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 **Deadline for Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, refer to Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, refer to Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 **Programs That Offer Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Minnesota, the SHIP is called Senior LinkAge Line®.

The Senior LinkAge Line® is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance

counseling to people with Medicare. Senior LinkAge Line® counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior LinkAge Line® at 1-800-333-2433 (toll free). TTY users should call the Minnesota Relay Service at 711. You can learn more about Senior LinkAge Line® by visiting their website (www.seniorlinkageline.com).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in Minnesota. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. You can reach them at the following phone numbers.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Monday – Friday, 8:30 am – 4:30 pm.

Twin Cities Metro area:

651-431-2414 (phone)

651-431-7414 (fax)

Statewide:

1-800-657-3761 (phone) (toll free)

1-800-627-3529 (TTY)

HIV/AIDS Programs

Department of Human Services

P.O. Box 64972

St. Paul, MN 55164-0972

SECTION 7 Questions?

Section 7.1 – Getting Help from UCare Value Plus

Questions? We're here to help. Please call Customer Service at 612-676-3600 or 1-877-523-1515 toll free. (TTY only, call 612-676-6810 or 1-800-688-2534 toll free.) We are available for phone calls 8 am – 8 pm, seven days a week.

Read your 2022 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for UCare Value Plus. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at ucare.org/formembers. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at ucare.org/searchnetwork. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare.)

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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