2022 Summary of Benefits

UCare Advocate Choice & UCare Advocate Plus

(HMO I-SNP)

ucare®

UCare makes it easy to get personalized care where and when you need it at a budget-friendly price.

Plan members:

- ✓ Have Medicare Part A and Part B
- ✓ Live in a participating facility within the 17-county service area
- ✓ Have primary care through Bluestone Physician Services, CareChoice, Fairview Partners, Genevive or Lifespark Health
- ✓ Receive or qualify for a nursing-home level of care at a participating skilled nursing, assisted living or memory care facility

Get more with UCare

UCare Advocate Choice and UCare Advocate Plus provide highly specialized care benefits. The plans offer:

- A team approach to care with a dedicated care coordinator, nurse practitioner and primary care doctor
- Guidance for purposeful living that supports your overall wellness
- Cost-effective premiums, copays and benefits
- Primary care right where you live

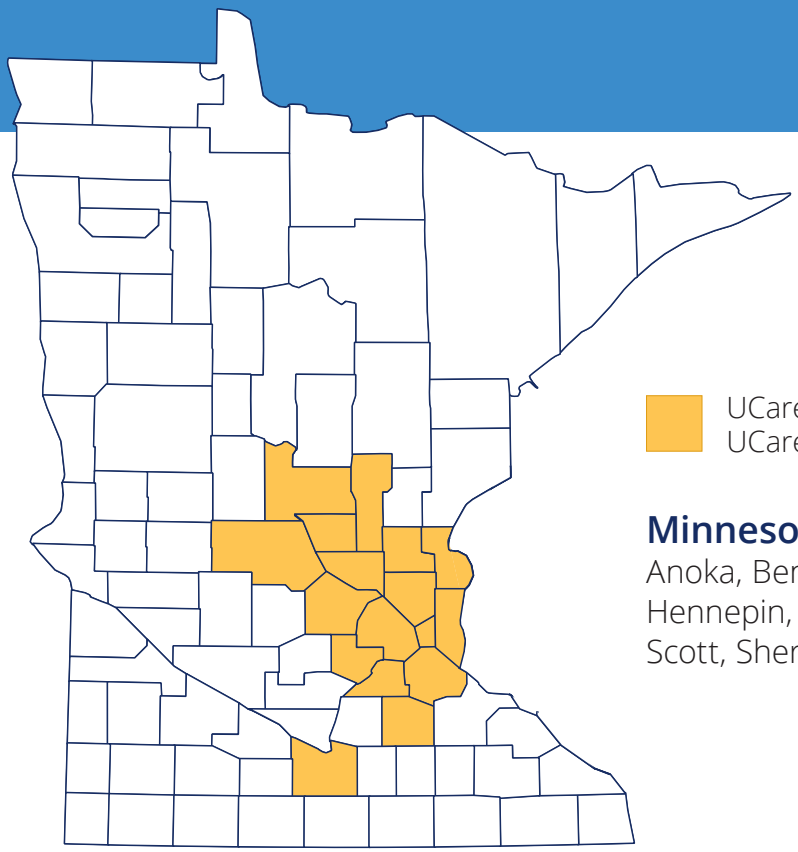
If you have Medicare or are Medicare eligible, consider **UCare Advocate Choice & UCare Advocate Plus.**

If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users call 1-877-486-2048.

Institutional Special Needs Plans (HMO I-SNP). UCare Advocate Choice and UCare Advocate Plus (HMO I-SNP) are Medicare Advantage Institutional Special Needs Plans for Minnesota adults living in a nursing home, assisted living or memory care facility.

UCare Minnesota is an HMO I-SNP plan with a Medicare contract. Enrollment in UCare Minnesota depends on contract renewal.

Plan Options



UCare Advocate Choice &
UCare Advocate Plus service area

Minnesota Counties

Anoka, Benton, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Morrison, Ramsey, Rice, Scott, Sherburne, Stearns, Washington and Wright

Choose from more than 250 participating facilities including those affiliated with Bluestone Physician Services, CareChoice, Fairview Partners, Genevive and Lifespark Health. For a complete list of facilities, visit **ucare.org/advocate.**

Find a provider

Search for a full list of providers (including specialists, hospitals, dentists and chiropractors) at **ucare.org/medicare123,** click "Learn more" under "Find a doctor or drug" and open the "People" tab.

You can search by provider name, specialty, gender, language and distance from you.

You'll also be able to see if providers accept new patients and learn about their qualifications.

If you prefer, call for help or to request a Provider and Pharmacy Directory at **1-877-671-1065**.

Discover the advantages of UCare Advocate Choice & UCare Advocate Plus

Key benefits and perks	UCare Advocate Choice	UCare Advocate Plus	Original Medicare
Dental allowance for medically necessary non-cosmetic, non-experimental dental services not covered by Medicare	✓	✓	–
Dental kit at no additional cost with an electric toothbrush every three years and two replacement heads per year	✓	✓	–
Eyewear allowance and routine eye exam at no additional cost	✓	✓	–
Hearing aid allowance plus additional discounts through UCare and TruHearing® to provide a comprehensive hearing care solution	✓	✓	–
Over-the-counter drug benefit of $75 twice a year to purchase items such as cough drops, first aid supplies, pain relief and sinus medications	✓	✓	–
Transportation to medical, dental and pharmacy appointments (Limited to 16 one-way rides per year)	✓	✓	–
Dedicated care coordinator and medical team focused on YOU	✓	✓	–
Strong & Stable fall prevention kit	✓	✓	–
Additional benefits for members with chronic obstructive pulmonary disease (COPD) or congestive heart failure including nebulizer treatment, a pulse oximeter and telemonitoring scale	✓	✓	–

A complete list of services can be accessed in the Evidence of Coverage (EOC), which can be found one of the following ways:

Online
To view or print, go to ucare.org/formembers. Select the plan year. Click on the "UCare Advocate Choice or UCare Advocate Plus" tab and scroll down to select your plan. To see the available materials search our network at **ucare.org/advocate**.

Phone
Should you require medical services or prescription drugs before you receive your ID card, please call Customer Service at 1-877-523-1515 (TTY users call 1-800-688-2534).

Call us today and talk with a UCare agent.

1-877-671-1065
TTY 1-800-688-2534
8 am – 8 pm, seven days a week (Oct. 1 – March 31)
8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)

Convenient, coordinated care that meets you where you are.

Go to **ucare.org** and click on 'search network' at the top of the page. Use this online tool to find:

People
Specialists, dentists, chiropractors and other kinds of care

Places
Hospitals, clinics, home health care, hospice, urgent care and more

Drugs
Visit **ucare.org/advocate** to search the list of drugs covered. Updated monthly

Pharmacies
Community, hospital, clinical and online pharmacies

If you prefer, request a paper copy of the UCare Advocate Choice/UCare Advocate Plus Provider and Pharmacy Directory at 1-877-671-1065; TTY 1-800-688-2534.

Three easy ways to enroll in UCare Advocate Choice or UCare Advocate Plus

Put UCare's people power to work for you

Mail

Complete the UCare Advocate Choice/UCare Advocate Plus enrollment form provided in this booklet. Then mail it in the postage-paid envelope.

Online

Visit **ucare.org/advocate**
Open "Enroll now" link.
Complete and submit the form.

Call

You'll talk with a UCare agent who can help you enroll over the phone.

1-877-671-1065
TTY 1-800-688-2534

8 am – 8 pm, seven days a week (Oct. 1 – March 31)
8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)

What's next

When you enroll by mail, online, or by phone, here's what happens next:

1. We check to make sure everything is complete and will let you know if anything is missing.
2. We'll send your application to the Centers for Medicare & Medicaid Services (CMS) for review.
3. If CMS determines you've met UCare Advocate Choice/UCare Advocate Plus eligibility requirements, CMS will send you a letter confirming your enrollment.
4. You'll receive a UCare member identification (ID) card. It's the only card you'll need for your medical, dental and pharmacy needs.

Need medical services or prescription drugs before you receive your member ID card? Just call Customer Service at 612-676-3600 or 1-877-523-1515 toll free; TTY users call 612-676-6810 or 1-800-688-2534 (toll free); 8 am – 8 pm, seven days a week.

Have questions? Get answers.

Call a UCare agent today!

1-877-671-1065; TTY 1-800-688-2534

8 am – 8 pm, seven days a week (Oct. 1 – March 31)

8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)

snpsales@ucare.org | ucare.org/advocate

Get to know your **UCare Advocate**

Join at any time.

	UCare Advocate Choice	UCare Advocate Plus
2022 monthly plan premium	$12 (You will continue to be responsible for your Part A and Part B premiums)	$38 (You will continue to be responsible for your Part A and Part B premiums)
Medicare Part B deductible	$0	$0
Medicare Part D deductible	Tier 1 = $0 Tiers 2–5 = $395	Tiers 1-2 = $0 Tiers 3–5 = $250
Maximum out-of-pocket	$5,000	$4,000
Hospital Care		
Inpatient hospital	$0 copay days 1-6 $550 copay days 7-10 $0 copay days 11-90 Unlimited hospital coverage	$0 copay days 1-6 $500 copay days 7-10 $0 copay days 11-90 Unlimited hospital coverage
Outpatient hospital	$395 copay per stay for each Medicare-covered outpatient hospital service, including observation, outpatient surgery or procedure	$295 copay per stay for each Medicare-covered outpatient hospital service, including observation, outpatient surgery or procedure
Ambulatory surgery center	$395 copay for each Medicare-covered outpatient hospital service, including observation, outpatient surgery or procedure	$295 copay for each Medicare-covered outpatient hospital service, including observation, outpatient surgery or procedure
Doctor Visits		
Primary care	$0 copay	$0 copay
Specialist	$0 copay in facility where member lives $50 copay outside of facility where member lives	$0 copay in facility where member lives $45 copay outside of facility where member lives

	UCare Advocate Choice	UCare Advocate Plus
Preventive Care		
For the next five rows, the $0 copay applies in-network and out-of-network for all plans.		
Routine physical exam	n/a	n/a
Welcome to Medicare preventive visit	$0	$0
Annual Wellness Exam	$0	$0
Immunizations	$0	$0
Mammogram screening, etc.	$0	$0
Emergency / Urgent Care		
Emergency care	$90 copay for an ER visit (waived if admitted for inpatient hospital stay within 24 hours)	$90 copay for an ER visit (waived if admitted for inpatient hospital stay within 24 hours)
Urgently needed services	$45 copay	$45 copay
Diagnostic Services, Labs and Imaging		
Diagnostic tests and lab work	$0 copay for lab and bloodwork 20% coinsurance for diagnostic tests	$0 copay for lab and bloodwork 20% coinsurance for diagnostic tests
X-rays, MRIs and CT scans	20% coinsurance	20% coinsurance
Hearing Services		
Hearing exams	20% coinsurance for Medicare-covered exams $0 copay for routine exams	20% coinsurance for Medicare-covered exams $0 copay for routine exams
TruHearing aids	$400 hearing aid allowance $0 copay for three fittings per year	$500 hearing aid allowance $0 copay for three fittings per year
Dental Services		
Dental services	Up to $500 per year for medically necessary non-cosmetic, non-experimental dental services not covered by Medicare	Up to $600 per year for medically necessary non-cosmetic, non-experimental dental services not covered by Medicare

	UCare Advocate Choice	UCare Advocate Plus
Vision Services		
Vision services	20% coinsurance for Medicare-covered exams $0 copay for a routine eye exam $200 annual eyewear allowance	20% coinsurance for Medicare-covered exams $0 copay for a routine eye exam $225 annual eyewear allowance
Mental Health Services		
Inpatient mental health	$0 copay, days 1-6 $450 per day, days 7-10 $0 copay per day, days 11-90 $0 copay, lifetime reserve days Original Medicare benefit period applies	$0 copay, days 1-6 $400 per day, days 7-10 $0 copay per day, days 11-90 $0 copay, lifetime reserve days Original Medicare benefit period applies
Outpatient mental health	$0 copay, facility where member lives $40 copay, outside facility where member lives $0 partial hospitalization	$0 copay, facility where member lives $35 copay, outside facility where member lives $0 partial hospitalization
Skilled Nursing Facility		
Skilled nursing facility^	100 days covered $0 copay per day, days 1-20 $170 copay per day, days 21-100 Does not require 3-day hospital stay	100 days covered $0 copay per day, days 1-20 $170 copay per day, days 21-100 Does not require 3-day hospital stay
Physical therapy^	$30 copay	$25 copay
Ambulance	$300 copay	$250 copay
Transportation	$0 for up to 16 one-way rides per year to approved locations within service area	$0 for up to 16 one-way rides per year to approved locations within service area
Medicare Part B Drugs^	20% coinsurance	20% coinsurance

^Service requires prior authorization

	UCare Advocate Choice	UCare Advocate Plus
Medicare Part D Coverage		
Cost sharing for deductible: You pay the full cost of your drugs until you reach this amount	Tiers 1 = $0 Tiers 2–5 = $395 There is no deductible for select insulins, you pay a $35 copay	Tiers 1–2 = $0 Tiers 3–5 = $250 There is no deductible for select insulins, you pay a $35 copay
Initial Coverage Phase: From $0 to $4,430 in annual prescription drug costs. After you meet the deductible, you pay the amounts listed below		
Tier 1 Preferred generic drugs	**Retail** — 30-day supply $5 copay	**Retail** — 30-day supply $4 copay
Tier 2 Generic drugs	**Retail** — 30-day supply $13 copay	**Retail** — 30-day supply $12 copay
Tier 3 Preferred brand drugs	**Retail** — 30-day supply $47 copay $35 copay for select insulins	**Retail** — 30-day supply $45 copay $35 copay for select insulins
Tier 4 Non-preferred drugs	**Retail** — 30-day supply 25% coinsurance	**Retail** — 30-day supply 25% coinsurance
Tier 5 Specialty drugs	**Retail** — 30-day supply 25% coinsurance	**Retail** — 30-day supply 25% coinsurance

Cost-sharing may differ based on whether the prescription is short-term (30-day supply) or long-term (90-day supply)

	UCare Advocate Choice	UCare Advocate Plus
Coverage Gap		
Once you have reached $4,430 in annual prescription drug spending (your cost plus UCare's cost), you pay as shown	25% of the cost of generic and brand drugs $35 copay for select insulins	25% of the cost of generic and brand drugs $35 copay for select insulins
Catastrophic Coverage		
Once you have reached $7,050 in annual prescription drug spending (excluding UCare's cost), you pay as shown	**Your share** of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount: – either – coinsurance of 5% of the cost of the drug –or – $3.95 for a generic drug or a drug that is treated like a generic and $9.85 for all other drugs **Our plan pays the rest of the cost.**	**Your share** of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount: – either – coinsurance of 5% of the cost of the drug –or – $3.95 for a generic drug or a drug that is treated like a generic and $9.85 for all other drugs **Our plan pays the rest of the cost.**

Additional requirements or limits on covered drugs — Some covered drugs may have additional requirements or limits on coverage. These may include: Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST). Visit **ucare.org/advocate** to find out if your drug has any additional requirements or limits. You can also ask us to make an exception to these restrictions or limits. Details on how to make these requests are in the formulary and in the UCare Medicare Plans Evidence of Coverage.

Extra Help for Medicare Part D

You may be able to get Extra Help to help pay for your prescription drug premium and costs.

To see if you qualify, call:

- 1-800-MEDICARE (TTY users call 1-877-486-2048), 24/7
- Social Security Administration at 1-800-772-1213 (TTY users call 1-800-325-0778), 7 am – 7 pm, Monday – 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 Medicare Part D coverage because their yearly income is over certain amounts.

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a UCare agent at 1-877-671-1065 (TTY 1-800-688-2534), 8 am – 8 pm, seven days a week (Oct. 1 – March 31), 8 am – 8 pm, Monday – Friday (April 1 – Sept. 30).

Understanding the benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit ucare.org/advocate or call 1-877-671-1065; TTY 1-800-688-2534, to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/ co-insurance may change on January 1, 2022
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- ☐ This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.

Provider network coverage

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. Out-of-network/non-contracted providers are under no obligation to treat UCare members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information.

Learn about special services

Care Coordination
UCare provides extra support to members with short-term or complex health needs, and social service needs. Care coordination may entail communication with a facility discharge planner, medication reconciliation, assistance with scheduling follow-up appointments, and ensuring home care services are in place if ordered by your provider. Care coordinators arrange services across the continuum of health care.

Prior Authorizations
We cover some services listed in the benefits chart only if your doctor or other provider gets approval from us in advance. Some of the covered services that need such approval include inpatient rehabilitation services, genetic molecular diagnosis test, spine surgery, bone growth stimulators and spinal cord stimulators. Other services that require prior authorization are marked with an ^ in the chart. For more information on services that require prior authorization by your provider, go to **ucare.org.**

The Benefits Chart section of the Evidence of Coverage includes this information for each of our UCare Medicare Plans. This information is also at **ucare.org.**

Understanding utilization management

Authorization and notification
One of the ways UCare makes sure you get excellent care is by partnering with your doctors to review certain types of services and procedures. We want you to get the care that is best for your needs.

This Summary of Benefits notes which types of care or services require notification or authorization. This list may change from time to time. Some examples include spine surgery and home health care.

Notification
Hospitals are required to notify UCare if you are admitted to a hospital, Long Term Care Facility, or Skilled Nursing Facility. UCare's clinical team will coordinate with your doctors to make sure you get the care you need. If needed, UCare may set up post-hospital care.

Authorization
Before some services will be covered, your provider must get approval from UCare. This is true whether the provider participates in a UCare network or is out-of-network. To make a coverage decision, UCare's clinical team evaluates if the service is medically necessary, appropriate and effective for your need. Prior authorization, or preservice review, means that before you get the service, your provider must provide information to UCare and request approval. If pre-approval is required for that service, it will only be covered if the approval was granted. Urgent concurrent and concurrent review often occurs during a Long-Term Care Facility, or Skilled Nursing Facility stay. UCare will review to see if your care might need to continue longer or if different care is needed. Post-service review is needed if your doctor didn't request pre-service review. Your claim may have already been denied because authorization is required for coverage. After your doctor requests review, UCare will consider your situation and care plan to make sure you get the coverage you are entitled to as a UCare member. If we deny a request made by you or your doctor, for medical services or pharmaceuticals, you or your doctor may appeal our decision. When you file an appeal, you or your Doctor may submit additional documentation that is relevant to your appeal. Appeal requests are reviewed against current medical evidence and your benefit plan by physicians. If we deny your appeal, you will be given information on how to file a second level appeal.

Learn more
Go to ucare.org and click on "plan resources." UCare members can also look up services in their Evidence of Coverage and Annual Notice of Change documents. These documents note if notification and authorization is required. The Evidence of Coverage is provided to new members. Every renewal year, members receive an Annual Notice of Change that explains any changes to their plan benefits.

Consider Medicare coverage limits

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

- Services considered not reasonable and necessary, 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, such as a telephone or a 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, such as 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 part. 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.
- Routine 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
- Radial keratotomy, LASIK surgery, vision therapy and other low-vision aids. Non-Medicare covered eyewear beyond supplemental annual eyewear allowance covered amount
- Reversal of sterilization procedures, and/or non prescription contraceptive supplies
- Acupuncture (except for chronic low back pain)
- 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.

Notice of privacy practices

Effective Date: July 1, 2013

This Notice describes how medical information about you* may be used and disclosed and how you can get access to this information. Please review it carefully.

Questions?
If you have questions or want to file a complaint, you may contact our Privacy Officer at UCare, Attn: Privacy Officer, P.O. Box 52, Minneapolis, MN 55440-0052, or by calling our 24-hour Compliance Hotline at 612-676-6525. You may also file a complaint with the Secretary of the U.S. Department of Health & Human Services at the Office for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. We will not retaliate against you for filing a complaint.

*In this Notice, "you" means the member and "we" means UCare.

Why are we telling you this?
UCare believes it is important to keep your health information private. In fact, the law requires us to do so. The law also requires us to tell you about our legal duties and privacy practices. We are required to follow the terms of the Notice currently in effect.

What do we mean by "information"?
In this Notice, when we talk about "information," "medical information," or "health information," we mean information about you that we collect in our business of providing health coverage for you and your family. It is information that identifies you.

What kinds of information do we use?
We receive information about you as part of our work in providing health plan services and health coverage. This information includes your name, address, and date of birth, gender, telephone numbers, family information, financial information, health records, or other health information. Examples of the kinds of information we collect include: information from enrollment applications, claims, provider information, and customer satisfaction or health surveys; information you give us when you call us about a question or when you file a complaint or appeal; information we need to answer your question or decide your appeal; and information you provide us to help us obtain payment for premiums.

What do we do with this information?
We use your information to provide health plan services to members and to operate our health plan. These routine uses involve coordination of care, preventive health, and case management programs. For example, we may use your information to talk with your doctor to coordinate a referral to a specialist.

We also use your information for coordination of benefits, enrollment and eligibility status, benefits management, utilization management, premium billing, claims issues, and coverage decisions. For example, we may use your information to pay your health care claims.

Other uses include customer service activities, complaints or appeals, health promotion, quality activities, health survey information, underwriting, actuarial studies, premium rating, legal and regulatory compliance, risk management, professional peer review, credentialing, accreditation, antifraud activities, as well as business planning and administration. For example, we may use your information to make a decision regarding an appeal filed by you.

In addition, we may use your information to provide you with appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We may also share information with family members or others you identify as involved with your care, or with the sponsor of a group health plan, as applicable.

We do not use or disclose any genetic information for the purpose of underwriting. We do not sell or rent your information to anyone. We will not use or disclose your information for fundraising without your permission. We will only use or disclose your information for marketing purposes with your authorization. We treat information about former members with the same protection as current members.

Who sees your information?
UCare employees see your information only if necessary to do their jobs. We have procedures and systems to keep personal information secure from people who do not have a right to see it. We may share the information with providers and other companies or persons working with or for us. We have contracts with those companies or persons. In those contracts, we require that they agree to keep your information confidential. This includes our lawyers, accountants, auditors, third party administrators, insurance agents or brokers, information systems companies, marketing companies, disease management companies, or consultants.

We also may share your information as required or permitted by law. Information may be shared with government agencies and their contractors as part of regulatory reports, audits, encounter reports, mandatory reporting such as child abuse, neglect, or domestic violence; or in response to a court or administrative order, subpoena, or discovery request. We may share information with health oversight agencies for licensure, inspections, disciplinary actions, audits, investigations, government program eligibility, government program standards compliance, and for certain civil rights enforcement actions. We also may share information for research, for law enforcement purposes, with coroners to permit identification or determine cause of death, or with funeral directors to allow them to carry out their duties. We may be required to share information with the Secretary of the Department of Health and Human Services to investigate our compliance efforts. There may be other situations when the law requires or permits us to share information.

We only share your psychotherapy notes with your authorization and in certain other limited circumstances.

Other uses and disclosures not described above will be made only with your written permission. We will also accept the permission of a person with authority to represent you.

In most situations, permissions to represent you may be canceled at any time. However, the cancellation will not apply to uses or disclosures we made before we received your cancellation. Also, once we have permission to release your information, we cannot promise that the person who receives the information will not share it.

What are your rights?

- You have the right to ask that we don't use or share your information in a certain way. *Please note that while we will try to honor your request, we are not required to agree to your request.*
- You have the right to ask us to send information to you at an address you choose or to request that we communicate with you in a certain way. For example, you may request that your mailings be sent to a work address rather than your home address. We may ask that you make your request in writing.
- You have the right to look at or get a copy of certain information we have about you. This information includes records we use to make decisions about health coverage, such as payment, enrollment, case, or medical management records. We may ask you to make your request in writing. We may also ask you to provide information we need to answer your request. We have the right to charge a reasonable fee for the cost of making and mailing the copies. In some cases, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will tell you in writing. We may give you a right to have the decision reviewed. Please let us know if you have any questions about this.
- You have the right to ask us to correct or add missing information about you that we have in our records. Your request needs to be in writing. In some cases, we may deny a request if the information is correct and complete, if we did not create it, if we cannot share it, or if it is not part of our records. All denials will be in writing. You may file a written statement of disagreement with us. We have the right to disagree with that statement. Even if we deny your request to change or add to your information, you still have the right to have your written request, our written denial, and your statement of disagreement included with your information.
- You have the right to receive a listing of the times when we have shared your information in some cases. Please note that we are not required to provide you with a listing of information shared prior to April 14, 2003; information shared or used for

treatment, payment, and health care operations purposes; information shared with you or someone else as a result of your permission; information that is shared as a result of an allowed use or disclosure; or information shared for national security or intelligence purposes. All requests for this list must be in writing. We will need you to provide us specific information so we can answer your request. If you request this list more than once in a 12-month period, we may charge you a reasonable fee. If you have questions about this, please contact us at the address provided at the end of this Notice.

- You have the right to receive notifications of breaches of your unsecured protected health information.
- You have the right to receive a copy of this Notice from us upon request. This Notice took effect July 1, 2013.

How do we protect your information?
UCare protects all forms of your information, written, electronic and oral. We follow the state and federal laws related to the security and confidentiality of your information. We have many safety procedures in place that physically, electronically and administratively protect your information against loss, destruction or misuse. These procedures include computer safeguards, secured files and buildings and restriction on who may access your information.

What else do you need to know?
We may change our privacy policy from time to time. As the law requires, we will send you our Notice if you ask us for it. If you have questions about this Notice, please call UCare Customer Service at the toll-free number listed on the back of your member card. This information is also available in other forms to people with disabilities. Please ask us for that information.

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. ໂທຣ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟ်သူဉ်ဟ်သး–နမ့၎ကတိ၊ ကညီ ကျိာ်အယိ, နမ၊နှ၎ ကျိာ်အတ၎မ၊စ၊လ၊ တလၢ်ဘူဉ်လၢ်စ့၊ နီတမံ၊ဘဉ်သ့နှ့ဉ်လီ၊. ကိး 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).

ប្រយ័ក្ន៖ បើសិនជាអ្នកនិយា ភាសារ៉ខ្មរ, រសវាជំនួយរ៉ផ្នកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំររីអ្នក។ 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 사용하시는 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).

Notes

PO Box 52
Minneapolis, MN 55440-0052
1-877-671-1065
TTY: 1-800-688-2534
8 am – 8 pm, seven days a week (Oct. 1 – March 31)
8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)
ucare.org

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