

EssentiaCare Grand (PPO)
offered by UCare Health, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of EssentiaCare Grand. Next year, there will be changes to the plan's costs and benefits. *Please refer to page 6 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which 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*.

- **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 if the changes to our benefits and costs affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- 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 Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

EssentiaCare
Essentia Health + UCare

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in EssentiaCare Grand.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with EssentiaCare Grand.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Service number at 218-722-4915 or 1-855-432-7025 (this call is free) for additional information. TTY users should call 612-676-6810 or 1-800-688-2534 (this call is 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 EssentiaCare Grand

- EssentiaCare is a PPO plan with a Medicare contract. Enrollment in EssentiaCare depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means UCare Health, Inc. When it says “plan” or “our plan,” it means EssentiaCare Grand.

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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-နမ္မာကတိံ ကညိံ ကျိာအယိံ, နမနုာ် ကျိာအတၢ်မၤစၢလၢ တလၢဂ်ဘျုးလၢဂ်စၢ နီတမံဘၣ်သ့န့ၣ်လီၤ. ဝိ: 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).

Annual Notice of Changes for 2023

Table of Contents

| | |
|---|-----------|
| Summary of Important Costs for 2023 | 6 |
| Section 1 Changes to Benefits and Costs for Next Year | 8 |
| Section 1.1 – Changes to the Monthly Premium..... | 8 |
| Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts | 8 |
| Section 1.3 – Changes to the Provider and Pharmacy Networks | 9 |
| Section 1.4 – Changes to Benefits and Costs for Medical Services..... | 10 |
| Section 1.5 – Changes to Part D Prescription Drug Coverage..... | 11 |
| Section 2 Administrative Changes | 15 |
| Section 3 Deciding Which Plan to Choose..... | 15 |
| Section 3.1 – If you want to stay in EssentiaCare Grand..... | 15 |
| Section 3.2 – If you want to change plans | 15 |
| Section 4 Deadline for Changing Plans | 16 |
| Section 5 Programs That Offer Free Counseling about Medicare | 16 |
| Section 6 Programs That Help Pay for Prescription Drugs..... | 17 |
| Section 7 Questions? | 18 |
| Section 7.1 – Getting Help from EssentiaCare Grand..... | 18 |
| Section 7.2 – Getting Help from Medicare | 19 |

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for EssentiaCare Grand in several important areas. **Please note this is only a summary of costs.**

| Cost | 2022 (this year) | 2023 (next year) |
|---|--|--|
| <p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. Refer to Section 1.1 for details.</p> | \$109 | \$93 |
| <p>Maximum out-of-pocket amounts</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>From network providers: \$3,500</p> <p>From network and out-of-network providers combined: \$7,000</p> | <p>From network providers: \$3,000</p> <p>From network and out-of-network providers combined: \$4,500</p> |
| <p>Doctor office visits</p> | <p>In-network: Primary care visits: \$0 copay per visit Specialist visits: \$30 copay per visit</p> <p>Out-of-network: Primary care visits: 40% coinsurance per visit Specialist visits: 40% coinsurance per visit</p> | <p>In-network: Primary care visits: \$0 copay per visit Specialist visits: \$30 copay per visit</p> <p>Out-of-network: Primary care visits: \$40 copay per visit Specialist visits: \$75 copay per visit</p> |
| <p>Inpatient hospital stays</p> | <p>In-network: \$250 copay for each Medicare-covered hospital stay until discharge.</p> <p>Out-of-network: 40% coinsurance</p> | <p>In-network: \$250 copay for each Medicare-covered hospital stay until discharge.</p> <p>Out-of-network: 40% coinsurance</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|--|---|--|
| <p>Part D prescription drug coverage (Refer to Section 1.5 for details.)</p> | <p>Deductible: \$250</p> <p>Copay or Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: <i>Standard cost sharing:</i> \$10 copay <i>Preferred cost sharing:</i> \$1 copay</p> <p>Drug Tier 2: <i>Standard cost sharing:</i> \$17 copay <i>Preferred cost sharing:</i> \$7 copay</p> <p>Drug Tier 3: <i>Standard cost sharing:</i> \$45 copay <i>Preferred cost sharing:</i> \$35 copay</p> <p>Select Insulins <i>Standard cost sharing:</i> \$35 copay <i>Preferred cost sharing:</i> \$30 copay</p> <p>Drug Tier 4: <i>Standard cost sharing:</i> 50% coinsurance <i>Preferred cost sharing:</i> 50% coinsurance</p> <p>Drug Tier 5: <i>Standard cost sharing:</i> 28% coinsurance <i>Preferred cost sharing:</i> 28% coinsurance</p> | <p>Deductible: \$0</p> <p>Copay or Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: <i>Standard cost sharing:</i> \$10 copay <i>Preferred cost sharing:</i> \$0 copay</p> <p>Drug Tier 2: <i>Standard cost sharing:</i> \$20 copay <i>Preferred cost sharing:</i> \$10 copay</p> <p>Drug Tier 3: <i>Standard cost sharing:</i> \$47 copay <i>Preferred cost sharing:</i> \$47 copay</p> <p>Select Insulins <i>Standard cost sharing:</i> \$35 copay <i>Preferred cost sharing:</i> \$30 copay</p> <p>Drug Tier 4: <i>Standard cost sharing:</i> 50% coinsurance <i>Preferred cost sharing:</i> 50% coinsurance</p> <p>Drug Tier 5: <i>Standard cost sharing:</i> 33% coinsurance <i>Preferred cost sharing:</i> 33% coinsurance</p> |
| <p>To find out which drugs are select insulins, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Customer Service. (Phone numbers for Customer Service are printed on the back cover of this booklet.)</p> <p>Insulins included in this benefit are identified in the Drug List as “select insulins.”</p> | | |

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2022 (this year) | 2023 (next year) |
|---|---------------------|---------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium.) | \$109 | \$93 |
| Choice Dental (optional supplemental benefit) | \$25 | \$25 |

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

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

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

| Cost | 2022 (this year) | 2023 (next year) |
|---|-----------------------------|---|
| <p>In-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p> | \$3,500 | <p>\$3,000</p> <p>Once you have paid \$3,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p> |
| <p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p> | \$7,000 | <p>\$4,500</p> <p>Once you have paid \$4,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p> |

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at ucare.org/searchnetwork. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 *Provider and Pharmacy Directory* to check if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 *Provider and Pharmacy Directory* to check which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

| Cost | 2022 (this year) | 2023 (next year) |
|---|---|---|
| Dental services | You <u>do not</u> have an annual combined in-network and out-of-network benefit maximum for dental services included with your base plan. | You have an annual \$2,000 combined in-network and out-of-network benefit maximum for dental services included with your base plan. |
| Emergency care | You pay a \$90 copay for each emergency room visit inside the United States and its territories. | You pay a \$100 copay for each emergency room visit inside the United States and its territories. |
| Medicare Part B prescription drugs | <p>In-network: You pay 20% coinsurance for each Medicare-covered Part B drug.</p> <p>Out-of-network: You pay 40% coinsurance for each Medicare-covered Part B drug.</p> | <p>In-network: You pay 20% coinsurance for each Medicare-covered Part B drug. Starting April 1, 2023, certain drugs may have a lower coinsurance. Starting July 1, 2023, you will not pay more than \$35 for a one-month supply of Part B insulin. Deductibles do not apply.</p> <p>Out-of-network: You pay 40% coinsurance for each Medicare-covered Part B drug. Starting April 1, 2023, certain drugs may have a lower coinsurance. Starting July 1, 2023, you will not pay more than \$35 for a one-month supply of</p> |

| Cost | 2022 (this year) | 2023 (next year) |
|---|--|---|
| | | Part B insulin. Deductibles do not apply. |
| Over-the-Counter (OTC) Benefit through Healthy Savings | In-network and Out-of-network: You get a \$50 OTC allowance twice per year. | In-network and Out-of-network: You get a \$75 OTC allowance twice per year. |
| Pulmonary rehabilitation services | In-network: You pay a \$30 copay for each Medicare-covered visit. | In-network: You pay a \$20 copay for each Medicare-covered visit. |
| Worldwide emergency care | You pay a \$90 copay for each worldwide emergency care visit. | You pay a \$100 copay for each worldwide emergency care visit. |
| Worldwide emergency transportation | You pay a \$90 copay for each one-way worldwide ground emergency transportation. | You pay a \$100 copay for each one-way worldwide ground emergency transportation. |
| Worldwide urgent care | You pay a \$90 copay for each worldwide urgent care visit. | You pay a \$100 copay for each worldwide urgent care visit. |

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to check if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, please call Customer Service and ask for the “LIS Rider.”

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.

- **Getting Help from Medicare** - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.
- **Additional Resources to Help** – Please contact our Customer Service number at 218-722-4915 or 1-855-432-7025 (this call is free) for additional information. (TTY users should call 612-676-6810 or 1-800-688-2534 (this call is free).) Hours are 8 am – 8 pm, seven days a week.

Changes to the Deductible Stage

| Stage | 2022 (this year) | 2023 (next year) |
|--|---|---|
| <p>Stage 1: Yearly Deductible Stage</p> | <p>The deductible is \$250 for Tiers 3-5.</p> <p>During this stage, you pay \$10 (standard cost sharing) or \$1 (preferred cost sharing) for drugs in Tier 1, \$17 (standard cost sharing) or \$7 (preferred cost sharing) for drugs in Tier 2, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.</p> <p>There is no deductible for EssentiaCare Grand for select insulins. You pay \$35 standard cost sharing and \$30 preferred cost sharing for select insulins.</p> | <p>Because we have no deductible, this payment stage does not apply to you.</p> <p>There is no deductible for EssentiaCare Grand for select insulins. You pay \$35 standard cost sharing and \$30 preferred cost sharing for select insulins.</p> |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2022 (this year) | 2023 (next year) |
|---|---|---|
| <p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order</p> | <p>Your cost for a one-month supply at a network pharmacy:</p> <p>Preferred generic drugs: <i>Standard cost sharing:</i> You pay \$10 per prescription. <i>Preferred cost sharing:</i> You pay \$1 per prescription.</p> | <p>Your cost for a one-month supply at a network pharmacy:</p> <p>Preferred generic drugs: <i>Standard cost sharing:</i> You pay \$10 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> |

| Stage | 2022 (this year) | 2023 (next year) |
|---|--|---|
| <p>prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To check if your drugs will be in a different tier, look them up on the Drug List.</p> | <p>Generic drugs: <i>Standard cost sharing:</i> You pay \$17 per prescription. <i>Preferred cost sharing:</i> You pay \$7 per prescription.</p> <p>Preferred brand-name drugs: <i>Standard cost sharing:</i> You pay \$45 per prescription. <i>Preferred cost sharing:</i> You pay \$35 per prescription.</p> <p>Select Insulins <i>Standard cost sharing:</i> You pay \$35 per prescription. <i>Preferred cost sharing:</i> You pay \$30 per prescription.</p> <p>Non-preferred drugs: <i>Standard cost sharing:</i> You pay 50% of the total cost. <i>Preferred cost sharing:</i> You pay 50% of the total cost.</p> <p>Specialty drugs: <i>Standard cost sharing:</i> You pay 28% of the total cost. <i>Preferred cost sharing:</i> You pay 28% of the total cost.</p> <hr/> | <p>Generic drugs: <i>Standard cost sharing:</i> You pay \$20 per prescription. <i>Preferred cost sharing:</i> You pay \$10 per prescription.</p> <p>Preferred brand-name drugs: <i>Standard cost sharing:</i> You pay \$47 per prescription. <i>Preferred cost sharing:</i> You pay \$47 per prescription.</p> <p>Select Insulins <i>Standard cost sharing:</i> You pay \$35 per prescription. <i>Preferred cost sharing:</i> You pay \$30 per prescription.</p> <p>Non-preferred drugs: <i>Standard cost sharing:</i> You pay 50% of the total cost. <i>Preferred cost sharing:</i> You pay 50% of the total cost.</p> <p>Specialty drugs: <i>Standard cost sharing:</i> You pay 33% of the total cost. <i>Preferred cost sharing:</i> You pay 33% of the total cost.</p> <hr/> |

| Stage | 2022 (this year) | 2023 (next year) |
|-------|--|--|
| | Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage). | Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage). |

SECTION 2 Administrative Changes

| Description | 2022 (this year) | 2023 (next year) |
|---------------------------|---|---|
| Expanded national network | You have access to the in-network providers in Minnesota and Wisconsin. | In addition to the in-network providers in Minnesota and Wisconsin, you also have access to out-of-state providers with the MultiPlan Medicare Advantage national network at in-network cost sharing. |

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in EssentiaCare Grand

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 EssentiaCare Grand.

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 plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *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, please refer to Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (refer to Section 5), or call Medicare (refer to Section 7.2).

As a reminder, UCare Health, Inc. 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 EssentiaCare Grand.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from EssentiaCare Grand.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Service if you need more information on how to do so.
 - --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, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include 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.

If you enrolled in a Medicare Advantage plan for January 1, 2023, 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, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

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

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP 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 your state SHIP at the phone numbers listed below.

Minnesota SHIP

Senior LinkAge Line®

Minnesota Board on Aging

P.O. Box 64976

St. Paul, MN 55164-0976

1-800-333-2433 (this call is free)

TTY call the Minnesota Relay Service at 711

www.seniorlinkageline.com

Wisconsin SHIP

Wisconsin Board on Aging and Long-Term Care

Board on Aging & Long Term Care

1402 Pankratz Street, Suite 111

Madison, WI 53704-4001

1-800-242-1060 (this call is free)

TTY call 711

longtermcare.wi.gov

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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. 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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Wisconsin has a program called Wisconsin SeniorCare that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

- **Prescription Cost Sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the state ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call your state ADAP at the numbers listed below.

Minnesota ADAP

HIV/AIDS Programs, Department of Human Services
P.O. Box 64972
St. Paul, MN 55164-0972
Twin Cities Metro area: 651-431-2414
Statewide: 1-800-657-3761 (this call is free)
TTY: 1-800-627-3529 (this call is free)

Wisconsin ADAP

Wisconsin Department of Health Services
Division of Public Health
Attn: ADAP
P.O. Box 2659
Madison, WI 53701-2659
608-261-6952, 608-267-6875 or 1-800-991-5532 (this call is free)
TTY call 711 or the Wisconsin Relay Service at 1-800-947-3529 (this call is free)

SECTION 7 Questions?

Section 7.1 – Getting Help from EssentiaCare Grand

Questions? We're here to help. Please call Customer Service at 218-722-4915 or 1-855-432-7025 (this call is free). TTY only, call 612-676-6810 or 1-800-688-2534 (this call is free). We are available for phone calls 8 am – 8 pm, seven days a week.

Read your 2023 *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 2023. For details, look in the 2023 *Evidence of Coverage* for EssentiaCare Grand. 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. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our list of covered drugs (*Formulary/Drug List*).

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

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.

EssentiaCare

Essentia Health + UCare

500 Stinson Blvd. NE

Minneapolis, MN 55413-2615

218-722-4915 or 1-855-432-7025 (this call is free)

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ucare.org