

2023 Summary of Benefits

Minnesota Senior Health Options (MSHO)



H2456_1848_082022 accepted

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

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

သတိ။ ဤစွာရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

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

ပာ်သူဉ်ဟ်သးဘဉ်တက္i. ဖဲနမ့်၊လိဉ်ဘဉ်တာ်မၤစၢၤကလီလၢတာ်ကကိုးထံဝဲဒဉ်လံဉ် တီလံဉ်မီတခါအံၤနူဉ်ႇကိုးဘဉ် လီတဲစိနီဂ်ဂ်ံလၢထးအံၤနူဉ်တက္i.

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

້ ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

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

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

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

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

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

Civil Rights Notice

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

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

- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status

- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

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

UCare Attn: Appeals and Grievances PO Box 52 Minneapolis, MN 55440-0052 Toll Free: 1-800-203-7225 TTY: 1-800-688-2534 Fax: 612-884-2021 Email: cag@ucare.org

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

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

Civil Rights Complaints

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

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

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

religion (in some

cases)

• race

• age

- color
- national origin

- disabilitysex
- Contact the OCR directly to file a complaint:

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

Minnesota Department of Human Rights (MDHR)

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

race

• creed

sex

color national origin

- sexual orientation
- public assistance status
- disability

religion

marital status

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

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

Minnesota Department of Human Services (DHS)

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

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

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

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

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

Contact **DHS** directly to file a discrimination complaint: Civil Rights Coordinator Minnesota Department of Human Services Equal Opportunity and Access Division P.O. Box 64997 St. Paul, MN 55164-0997 651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to go to your primary care provider prior to the referral.

Introduction

This document is a brief summary of the benefits and services covered by UCare's MSHO. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UCare's MSHO. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers



This is a summary of health services covered by UCare's MSHO for 2023. Please read the Member Handbook for the full list of benefits. You can view the Member Handbook on our website at ucare.org/formembers. If you would like a print copy, call UCare's MSHO Customer Service at the number at the bottom of this page.

- UCare's MSHO (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO depends on contract renewal.
- UCare's MSHO is for people age 65 and over who live in the service area and have both Medicare Part A and Part B and have Medical Assistance (Medicaid).
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information call Customer Service or read the Member Handbook.
- Under UCare's MSHO you can get your Medicare and Medical Assistance (Medicaid) services in one health plan. A UCare's MSHO care coordinator will help manage your health care needs.
- For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. 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. For more information about Medical Assistance (Medicaid), call the Minnesota Department of Human Services at 1-651-431-2670 or toll-free at 1-800-657-3739. TTY users should call 1-800-627-3529.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Service at the number at the bottom of this page.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Customer Service at the number at the bottom of this page.



B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Minnesota Senior Health Options (MSHO) plan?	Our plan is part of the Minnesota Senior Health Options (MSHO) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for seniors age 65 and over. Our plan combines your Medicare and Medical Assistance (Medicaid) services. It combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need. Our MSHO program is called UCare's MSHO.
Will I get the same Medicare and Medical Assistance (Medicaid) benefits in UCare's MSHO that I get now?	If you are coming to UCare's MSHO from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and Medical Assistance (Medicaid) benefits directly from UCare's MSHO. You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in UCare's MSHO, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. When you join our plan, if you are taking any Medicare Part D prescription drugs that UCare's MSHO does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for UCare's MSHO to cover your drug, if medically necessary. For more information, call Customer Service.

Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now?	That is often the case. If your providers (including doctors and pharmacies) work with UCare's MSHO and have a contract with us, you can keep using them.
	 Providers with an agreement with us are "in-network." In most cases, you must use the providers in UCare's MSHO's network.
	 If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UCare's MSHO's network. You may also use out-of-network providers for open access services and in cases when UCare's MSHO authorizes the use of out-of-network providers.
	To find out if your providers are in the plan's network, call Customer Service or read UCare's MSHO's <i>Provider and Pharmacy Directory</i> on our website at ucare.org/searchnetwork .
	If UCare's MSHO is new for you, you can continue using the providers you use now for up to 120 days in certain situations. For more information, call Customer Service.
What happens if I need a service but no one in UCare's MSHO's network can provide it?	Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, UCare's MSHO will pay for the cost of an out-of-network provider. A prior authorization may be required before getting services from out-of-network providers.



Frequently Asked Questions (FAQ)	Answers	
What is a care coordinator?	A care coordinator is your main contact person. This person helps manage all your providers and services and makes sure you get what you need, including the following:	
	 Assisting you in arranging for, getting and coordinating assessments, tests, and health and long-term care supports and services 	
	 Working with you to develop and update your care plan 	
	 Supporting you and communicating with a variety of agencies and persons 	
	 Coordinating other services as outlined in your care plan 	
	 Helping you coordinate Durable Medical Equipment needs with your providers and equipment suppliers 	
	Transportation arrangements	
	Scheduling appointments	
	 Discharge planning if hospitalized or requiring higher level of care 	
	 Referrals to UCare Disease Management programs 	
	Referrals to community resources	
	Assistance with medication refills	
	 Arranging services in your home 	

Frequently Asked Questions (FAQ)	Answers
What are long-term services and supports?	Long-term services and supports are services that help people who need assistance doing everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services help you stay in your home so you don't need to move to a nursing home or hospital.
Where is UCare's MSHO available?	The service area for this plan includes the following counties in Minnesota: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Jackson, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Winona, Wright, and Yellow Medicine. You must live in one of these counties to join the plan. Call Customer Service for more information about whether the plan is available where you live.

Frequently Asked Questions (FAQ)	Answers
What is prior authorization?	Prior authorization means that you must get approval from UCare's MSHO before you can get a specific service or drug or use an out-of- network provider. UCare's MSHO may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of- area dialysis services, you don't need to get approval first.
	Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.
What is Extra Help?	Extra Help is a Medicare program that helps people with limited incomes and resources reduce their Medicare Part D prescription drug costs such as premiums, deductibles, and copays. Extra Help is also called the "Low- Income Subsidy," or "LIS."
	Your prescription drug copays under UCare's MSHO already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. These calls are free.
Do I pay a monthly amount (also called a premium) as a member of UCare's MSHO?	No. Because you have Medical Assistance (Medicaid), you will not pay any monthly premiums for your health coverage. You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.

Frequently Asked Questions (FAQ)	Answers
Do I pay a deductible as a member of UCare's MSHO?	No. You do not pay deductibles in UCare's MSHO.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of UCare's MSHO?	There is no cost-sharing for medical services in UCare's MSHO, so your annual out-of-pocket costs will be \$0.



C. Overview of services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Doctor or surgeon care	\$0	
	Ambulatory surgical center (ASC) services	\$0	
You want to use a health care provider	Visits to treat an injury or illness	\$0	
	Specialist care	\$0	
	Wellness visits, such as a physical	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	
You need emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network.
(continued on the next page)			Emergency room services are NOT covered outside of

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need emergency care (continued)			the U.S. and its territories. Contact the plan for details.
(continued)	Urgently needed care	\$0	Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in- network. Urgently needed care services are NOT covered outside the U.S. and its territories. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	\$0	
	X-rays or other pictures, such as CAT scans	\$0	
	Screening tests, such as tests to check for cancer	\$0	
You need hearing/auditory	Hearing screenings	\$0	
services	Hearing aids	\$0	
You need dental care	Dental services, including preventive care	\$0	UCare Dental Connection 651-768-1415 or 1-855-648-1415 (this call is free), TTY: 711 Monday – Friday 7 am – 7 pm
(continued on the next page)			You can also call Customer Service at the number at the

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need dental care (continued)			bottom of this page. Mobile Dental Clinic Appointments
			1-866-451-1555 TTY: 1-800-627-3529 These calls are free. Monday – Friday 8 am – 4:30 pm
			www.ucare.org/mdc
			Dental Care for U
			One additional preventive dental exam per calendar year
			One comprehensive oral exam per calendar year
			One additional topical application of fluoride varnish per calendar year for patients at high risk of cavities
			 One additional gross removal of plaque and calculus (beyond 5-year frequency)
			One full mouth x-ray series per five years
			 One additional panoramic x-ray per calendar year (beyond the five-year frequency)
			One root canal per tooth per lifetime
(continued on the next page)			One root canal re- treatment per tooth per lifetime

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need dental care (continued)			 Up to four periodontal maintenance visits per calendar year
			 One scaling and root planing per two years (in a dental clinic)
			 Two porcelain or porcelain fused to high noble metal crowns per year
			One crown repair per year
			Tissue conditioning for dentures once per year
			One electric toothbrush every three years
			One package of two electric toothbrush replacement heads per calendar year

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need eye	Eye exams	\$0	
care	Glasses or contact lenses	\$0	 Selection may be limited. One pair of eyeglasses or contact lenses after each cataract surgery, or contact lenses for certain conditions when eyeglasses will not work Anti-glare lens coating, once per year Photochromic ("transition") lens tinting, once per year Progressive (no-line) lenses, once per year
	Other vision care including diagnosis and treatment for diseases and conditions of the eye	\$0	
You have a mental health condition	Mental or behavioral health services	\$0	State eligibility requirements may apply. Prior authorization may apply.
	Inpatient care for people who need long-term mental health services	\$0	State eligibility requirements may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You have a substance use disorder	Substance use disorder services	\$0	
You need a place to live with people available to help you	Customized Living (services provided in an assisted living setting)	\$0	State eligibility requirements may apply.
	Skilled nursing care	\$0	Prior authorization may be required.
	Nursing home care	\$0	Prior authorization may be required.
	Adult Foster Care	\$0	State eligibility requirements may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits. Prior authorization may be required.
You need help getting to health services	Ambulance services	\$0	Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in- network.
(continued on the next page)	Emergency transportation	\$0	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help getting to health services (continued)	Transportation to a health care provider for medical appointments	\$0	UCare's MSHO is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home. UCare's MSHO is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home. Call Customer Service if you do not have a primary care clinic that is available within 30 miles of your home and/or if it is over 60 miles to your specialty provider.
	Transportation to other health services	\$0	 Up to three round-trip rides per week to a participating health club, covered evidence-based health education class and/or covered WW weight management and wellness workshops Transportation to Alcoholics Anonymous and/or Narcotics Anonymous meetings for members assessed as having a substance use disorder. Up to one round trip ride per day (requires authorization)

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need drugs to treat your illness or condition	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your health care provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Some Medicare Part B drugs may need prior authorization or have step therapy requirements.
	Tier 1 Generic drugs (no brand name)	\$0/\$1.45/\$4.15 for a 30-day supply. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details. When you reach the out-of-pocket	There may be limitations on the types of drugs covered. Please refer to UCare's MSHO List of Covered Drugs (Drug List) at ucare.org/dsnp-druglist for more information. UCare's MSHO may require you to first try one drug to treat your condition before it will cover another drug for that condition.
(continued on the		limit of \$7,400 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic	Some drugs have quantity limits. Your provider must get prior authorization from UCare's MSHO for certain drugs. You must use certain pharmacies for a very limited number of drugs, due to
next page)		Coverage Stage	number of drugs, due to special handling, provider

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)		until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0.	coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of</i> <i>Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Plan Finder on <u>www.medicare.gov</u> . For some drugs, you can get a long-term supply (also called an "extended supply") when you fill your prescription. A long-term supply is up to a 90-day supply. It costs you the same as a one-month supply and is available at most retail pharmacy locations or mail order pharmacies.
(continued on the next page)	Tier 1 Brand name drugs	\$0/\$4.30/\$10.35 for a 30-day supply. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to UCare's MSHO List of Covered Drugs (Drug List) at ucare.org/dsnp-druglist for more information. UCare's MSHO may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)		When you reach the out-of-pocket limit of \$7,400 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0.	Some drugs have quantity limits. Your provider must get prior authorization from UCare's MSHO for certain drugs. You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, List of Covered Drugs (Drug List), and printed materials, as well as on the Medicare Plan Finder on www.medicare.gov. For some drugs, you can get a long-term supply (also called an "extended supply") when you fill your prescription. A long-term supply is up to a 90-day supply. It costs you the same as a one-month supply and is available at most retail pharmacy locations or mail order pharmacies.
(continued on the next page)	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Diabetes medications	 \$0/\$1.45/\$4.15 or \$0/4.30/\$10.35 for a 30-day supply. Copays for diabetes medications will vary depending on whether they are Generic or Brand name and based on the level of Extra Help you get. Please contact the plan for more details. When you reach the out-of-pocket limit of \$7,400 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0. 	There may be limitations on the types of drugs covered. Please refer to UCare's MSHO's List of Covered Drugs (Drug List) at ucare.org/dsnp-druglist for more information. UCare's MSHO may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from UCare's MSHO for certain drugs.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help getting better or	Rehabilitation services	\$0	Prior authorization may be required.
have special health needs	Medical equipment for home care	\$0	Prior authorization may be required.
You need foot care	Podiatry services	\$0	Routine foot care (not related to a specific diagnosis already covered by Medicare) limited to one visit per month.
	Orthotic services	\$0	
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Customer Service or read the <i>Member</i> <i>Handbook</i> for more information.)	\$0	Prior authorization may be required.
You need help living at home	Home care services	\$0	State eligibility requirements may apply.
(continued on the next page)	Personal care assistant	\$0	State eligibility requirements may apply. Prior authorization may be required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help living at home (continued)	Changes to your home, such as ramps and wheelchair access	\$0	State eligibility requirements may apply. Prior authorization may be required.
	Home services, such as cleaning or housekeeping	\$0	State eligibility requirements may apply.
	Meals brought to your home	\$0	State eligibility requirements may apply.
	Adult day services or other support services	\$0	State eligibility requirements may apply.
	Services to help you live on your own	\$0	State eligibility requirements may apply.
Your caregiver needs some time off	Respite care	\$0	State eligibility requirements may apply.
You need interpreter services	Spoken language interpreter	\$0	
Services	Sign language interpreter	\$0	
Additional services	24/7 Nurse Line	\$0	
	Acupuncture	\$0	
	Care coordination	\$0	
	Chiropractic services	\$0	Prior authorization may be required.
(continued on the next page)	Diabetic supplies	\$0	There are limitations on the test strips and meters

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)			covered. See UCare's MSHO <i>List of Covered Drugs (Drug</i> <i>List)</i> for more information.
	Family planning	\$0	
	Housing stabilization services	\$0	State eligibility requirements may apply.
	Prosthetic services	\$0	
	Services to help manage your disease	\$0	
	Quit Smoking and Vaping Program	\$0	UCare members can get free help to quit smoking, vaping or chewing tobacco with the tobacco quit line. Call the tobacco quit line at 1-855-260-9713 (this call is free) to get started today. TTY users should call 711.
			Go online at <u>myquitforlife.com/ucare</u> or download the Rally Coach Quit For Life mobile app.
Additional services: Safety/In-Home Assistance (continued on the next page)	Bath and home safety items	\$0	\$750 annual benefit for bath and home safety items for members who live in the community and do not have access to coverage through Medicaid (Medical Assistance).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services: Safety/In-Home Assistance (continued)	Non-skilled in-home support services	\$0	Up to four hours of Individualized Home Supports with training (IHS) per month, maximum of six months per year for members enrolled in Elderly Waiver with Instrumental Activities of Daily Living (IADL) dependencies indicated in care plan (requires authorization).
	Personal Emergency Response System (PERS)	\$0	PERS for members with a history/risk of falls who do not meet nursing home level of care (requires authorization).
	Mask and Sanitizer Kit	\$0	Reusable mask, hand sanitizer, sanitizing wipes and disposable gloves (1 kit per year).
Additional services: Post-discharge support	Post-discharge meals	\$0	Two meals a day for up to four weeks following a discharge from an inpatient hospital stay for members not eligible for meal benefits through Elderly Waiver.
	Post-discharge medication reconciliation	\$0	Medication reconciliation provided by a pharmacist after discharge from an inpatient facility.
(continued on the next page)	Lutheran Social Services Community Companion Program	\$0	Individualized support, education and resources from a specially trained and certified Community Health Worker (CHW) who provides a series of 4 touch point visits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services: Post-discharge support (continued)			 (2 in-home and 2 telephone) during the first critical 30 days after discharge from a hospital or short-term rehabilitation center. CHW collaborates with your MSHO care coordinator and you to ensure that all needs are being met. To learn more and check if you are eligible, contact your MSHO care coordinator.
Additional services: Fitness/Health maintenance	One Pass™	\$0	 Access to more than 23,000 participating fitness locations nationwide More than 32,000 on- demand and live- streaming fitness classes Workout builders to create your own workouts and walk you through each exercise Home fitness kits available to members who are physically unable to visit or who reside at least 15 miles outside a participating fitness location Personalized, online brain training program to
(continued on the next page)			help improve memory, attention and focus

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services: Fitness/Health maintenance (continued)			 Over 30,000 social activities, community classes, and events available for online or in- person participation Go to <u>ucare.org/onepass</u> or call 1-877-504-6830 (this call is free) or for TTY access, use 711, 8 am – 9 pm, Monday – Friday.
	Smartwatch – activity tracker	\$0	An activity tracker plus Personal Emergency Response System (PERS) device. One watch every two years for members in the community.
	Strong & Stable Kit	\$0	Kit to increase balance and prevent falls. Available through your care coordinator.
	Healthy Savings Food Allowance	\$0	\$60 monthly allowance for purchase of healthy foods and produce at participating stores for members with hypertension, Congestive Heart Failure (CHF), Ischemic Heart Disease (IHD) or diabetes.
(continued on the next page)	WW (formerly Weight Watchers) weight management and	\$0	Access to 13 consecutive weeks of WW weight management and wellness workshops (local and virtual) and 14 consecutive weeks

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services: Fitness/Health	wellness workshops and digital tools		access to WW digital tools every year.
maintenance (continued)	Medication Tool Kit	\$0	One Medication Toolkit per year to help make taking your medication easier. Contact your care coordinator or case manager to order.
Additional services: Caregiver Support	Caregiver training and support	\$0	Caregiver training and support for members with dementia, cognitive impairment, Parkinson's, chronic renal failure, chronic kidney disease, stroke or primary organ/blood cancer who do not have access to coverage through Medical Assistance (Medicaid).
	Respite care	\$0	Up to 8 hours a month of respite care for caregivers of members with dementia who do not have access to coverage through Medical Assistance (Medicaid).
	Memory support kit	\$0	One memory support kit per year for members with dementia.
Additional services: Chronic Condition Support (continued on the	Grandpad	\$0	An electronic tablet for members with a depression diagnosis. Grandpad has been specially designed to help members stay connected with caregivers, family and more to reduce
next page)			the impact of social isolation.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services: Chronic Condition Support (continued)			One tablet every two years. Contact your care coordinator or Customer Service to check if you are eligible.
	Companion Services	\$0	UCare offers companion services to eligible MSHO members with qualifying chronic conditions through Accra Care. Companion services include:
			 Household chores: light cleaning, laundry and pet care
			 Cooking: meal preparation and clean up
			 Companionship: board games, cards and conversation
			 Grocery shopping: shopping with you or for you
(continued on			Eligible MSHO members with congestive heart failure, ischemic heart disease, diabetes, and hypertension are eligible for 72 hours of companion service per year
the next page)			at no additional cost.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services: Chronic Condition Support (continued)			Learn more or schedule an appointment by calling 833- 951-3193
	Reemo blood pressure monitor	\$0	One blood pressure cuff for Reemo activity tracker users every 2 years.
	Stress & Anxiety Kit	\$0	Each kit includes engaging tools to help members living with Stress or Anxiety. Members may choose one of the following kit options:
			Kit 1: Sleep Aid Kit
			Kit 2: Stress Relief Kit
			Kit 3: Amazon Echo Kit
			Contact your care coordinator or Customer Service to order a kit.
			Limit one kit per year per member.
	Juniper [®] evidence- based health management and wellness classes	\$0	Classes are led by certified instructors/coaches to provide education, skills, and strategies to prevent falls and promote self-management of chronic conditions, including diabetes and chronic pain. Learn more by talking with your MSHO care coordinator.

This summary of benefits is provided for informational purposes only and is not a complete list of benefits. Call Customer Service or read the Member Handbook to find out about other covered services.

If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) Customer Service at 612 676 6969 and 200 600 The set of the Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. For more information, visit ucare.org. 28

D. Services covered outside of UCare's MSHO

This is not a complete list. Call Customer Service to find out about other services not covered by UCare's MSHO but available through Medicare.

Other services covered by Medicare	Your costs
Some hospice care services	\$0

E. Services not covered by UCare's MSHO, Medicare, or Medical Assistance (Medicaid)

This is not a complete list. Call Customer Service to find out about other excluded services.

Services not covered by UCare's MSHO, Medicare, or Medical Assistance (Medicaid)
Services not considered "reasonable and necessary" according to standards of Medicare and Medical Assistance (Medicaid)
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless criteria is met
Lasik surgery

F. Your rights as a member of the plan

As a member of UCare's MSHO, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- You have a right to respect, fairness, and dignity. This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital
 - If you have questions, please call UCare's Minnesota Senior Health Options (MSHO)
 Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or
 1-800-688-2534 (this call is free), 8 am 8 pm, seven days a week. For more information,
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status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance status

- o Get information in other formats (for example, large print, braille, or audio) free of charge
- o Be free from any form of physical restraint or seclusion
- You have the right to get information about your health care. This includes information on treatment and your treatment options. This information should be in a format you can understand. This includes the right to get information on:
 - \circ $\;$ Description of the services we cover
 - How to get services
 - How much services will cost you
 - o Names of health care providers
- You have the right to make decisions about your care, including refusing treatment. This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - o Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - o Know about all treatment options, no matter what they cost or whether they are covered
 - o Refuse treatment, even if your health care provider advises against it
 - \circ Stop taking medicine, even if your health care provider advises against it
 - $\circ~$ Ask for a second opinion. UCare's MSHO will pay for the cost of your second opinion visit.
 - o Make your health care wishes known in an advance directive
- You have the right to timely access to care that does not have any communication or physical access barriers. This includes the right to:
 - o Get timely medical care
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your health care providers and your health plan
- You have the right to seek emergency and urgently needed care when you need it. This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - If you have questions, please call UCare's Minnesota Senior Health Options (MSHO)
 Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or
 1-800-688-2534 (this call is free), 8 am 8 pm, seven days a week. For more information, visit ucare.org.
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- Use an out-of-network urgent or emergency care provider, when necessary
- You have a right to confidentiality and privacy. This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - o Have your personal health information kept private
- You have the right to make complaints about your covered services or care. This includes the right to:
 - o File a complaint or grievance against us or our providers
 - Ask for a State Appeal (Medicaid Fair Hearing with the State)
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the UCare's MSHO *Member Handbook*. If you have questions, you can also call UCare's MSHO Customer Service.

G. What to do if you want to file a complaint or appeal a denied service or drug

If you have a complaint or think UCare's MSHO should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the UCare's MSHO *Member Handbook*. You can also call UCare's MSHO Customer Service.

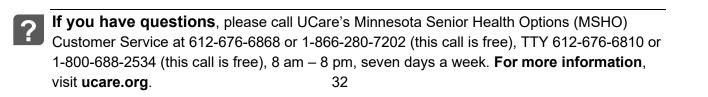
- For oral grievances and complaints, call UCare's MSHO Customer Service: 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week.
- For oral appeals, call UCare Appeals and Grievances: 612-676-6841 or 1-877-523-1517 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 4:30 pm, Monday – Friday.
- For written appeals, grievances and complaints, mail UCare at: Attn: Appeals and Grievances UCare
 P.O. Box 52
 Minneapolis, MN 55440-0052
- You can also fax your written appeal, grievance or complaint to UCare at: 612-884-2021 or 1-866-283-8015
- Or email us at: cag@ucare.org
- If you have questions, please call UCare's Minnesota Senior Health Options (MSHO)
 Customer Service at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or
 1-800-688-2534 (this call is free), 8 am 8 pm, seven days a week. For more information,
 visit ucare.org.
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H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a health care provider, hospital or pharmacy is doing something wrong, please contact us.

- Call UCare's MSHO Customer Service. Phone numbers are at the bottom of the page.
- Call UCare's MSHO Fraud Hot Line 1-877-826-6847, 24 hours a day, seven days a week (Calls to this number are free). TTY 612-676-6810 or 1-800-688-2534 (Calls to this number are free), 8 am 8 pm, seven days a week.
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Minnesota Fraud Hotline at 1-800-627-9977. The call is free.



If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call UCare's MSHO Customer Service:

612-676-6868 or 1-866-280-7202 (The call is free.) 8 am – 8 pm, seven days a week

Customer Service also has free language interpreter services available for non-English speakers.

TTY: 612-676-6810 or 1-800-688-2534 (The call is free.) 8 am – 8 pm, seven days a week

These numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking.

If you have questions about your health:

- Call your clinic if it's open. Follow your clinic's instructions for getting care when the clinic is closed.
- If your clinic is closed, you can also call UCare's 24/7 Nurse Line. A nurse will listen to your problem and tell you how to get care.

(Examples: urgently needed care, emergency room.) The numbers for the UCare 24/7 Nurse Line are:

1-800-942-7858 (The call is free.) 24 hours a day, seven days a week.

UCare's MSHO also has free language interpreter services available for non-English speakers.

TTY: 1-855-307-6976 (The call is free.) 24 hours a day, seven days a week.

If you need immediate mental health or substance use disorder care, please call the Mental Health and Substance Use Disorder Triage Line:

612-676-6533 or 1-833-276-1185 (This call is free.) 8 am – 5 pm, Monday – Friday

UCare's MSHO also has free language interpreter services available for non-English speakers.

TTY 612-676-6810 or 1-800-688-2534 (This call is free.) 8 am – 5 pm, Monday – Friday

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