

2023 Summary of Benefits

Connect + Medicare



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

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

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

သတိ။ ဤစွာရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意,如果您需要免費協助傳譯這份文件,請撥打上面的電話號碼。

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

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub 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 Connect + Medicare. 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 Connect + Medicare. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

Table of Contents

A. Disclaimers	2
B. Frequently asked questions	3
C. Overview of services	9
D. Services covered outside of UCare Connect + Medicare	25
E. Services not covered by UCare Connect + Medicare, Medicare, or Medical Assistance (Medicaid)	25
F. Your rights as a member of the plan	25
G. What to do if you want to file a complaint or appeal a denied service or drug	27
H. What to do if you suspect fraud	28



A. Disclaimers



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

- UCare Connect + Medicare is for people who:
 - Are at least 18 years of age and under age 65
 - Have a certified disability through the Social Security Administration or the State Medical Review Team or through the Developmental Disability Waiver
 - Live in the service area
 - Have Medicare Parts A and B and Medical Assistance (Medicaid)
- Under UCare Connect + Medicare you can get your Medicare and Medical Assistance (Medicaid) services in one health plan. A UCare Connect + Medicare 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 (<u>www.medicare.gov</u>) 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.
- This information is not a complete description of benefits. Call Customer Service at the bottom of this page for more information.
- UCare Connect + Medicare (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 Connect + Medicare depends on contract renewal.

B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Special Needs BasicCare (SNBC) plan?	Our plan is part of the Special Needs BasicCare (SNBC) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for people with disabilities ages 18 through 64. Our plan combines your Medicare and Medical Assistance (Medicaid) services. It combines your doctors, hospital, pharmacies, home health 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 SNBC program is called UCare Connect + Medicare.



Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and Medical Assistance (Medicaid) benefits in UCare Connect + Medicare that I get now?	If you are coming to UCare Connect + Medicare 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 Connect + Medicare. You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in UCare Connect + Medicare, 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 Connect + Medicare does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for UCare Connect + Medicare 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 Connect + Medicare 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 Connect + Medicare's network.
	 If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UCare Connect + Medicare's network. You may also use out-of-network providers for open access services and in cases when UCare Connect + Medicare 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 Connect + Medicare's <i>Provider and Pharmacy</i> <i>Directory</i> on our website at ucare.org/searchnetwork .
	If UCare Connect + Medicare 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 Connect+ Medicare'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 Connect + Medicare 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.



If you have questions, please call UCare Connect + Medicare Customer Service at 612-676-**11 you nave questions**, please can occur connect and a second se free), 8 am – 8 pm, seven days a week. For more information, visit ucare.org.

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
	 Referral to UCare Disease Management programs
	Referrals to community resources
	Assistance with medication refills

Frequently Asked Questions (FAQ)	Answers
Where is UCare Connect + Medicare 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, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Itasca, Jackson, Kanabec, 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, Wadena, Washington, Watonwan, Wilkin, 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.
What is prior authorization?	Prior authorization means that you must get approval from UCare Connect + Medicare before you can get a specific service or drug or use an out- of-network provider. UCare Connect + Medicare 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>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.

Frequently Asked Questions (FAQ)	Answers
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 Connect + Medicare 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 Connect + Medicare?	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.
Do I pay a deductible as a member of UCare Connect + Medicare?	No. You do not pay deductibles in UCare Connect + Medicare.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of UCare Connect + Medicare?	There is no cost sharing for medical services in UCare Connect + Medicare, 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	
	Post-discharge medication reconciliation	\$0	Medication reconciliation provided by a pharmacist after discharge from an inpatient facility.
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	
(continued on the next page)	Care to keep you from getting sick, such as flu shots	\$0	



Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You want to use a health care provider (continued)	"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. Emergency room services are NOT covered outside of the U.S. and its territories. Contact the plan for details.
	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.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
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	Prior authorization may be required. UCare Dental Connection 651-768-1415 or 1-855-648-1415 (this call is free) TTY: 711 Monday – Friday, 7 am – 7 pm You can also call Customer Service at the number at the bottom of this page. Mobile Dental Clinic Appointments
(continued on the next page)			1-866-451-1555 TTY: 1-800-627-3529

If you have questions, please call UCare Connect + Medicare Customer Service at 612-676-**11 you nave questions**, please can occur connect and a second connect a free), 8 am – 8 pm, seven days a week. For more information, visit ucare.org.

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)			These calls are free. Monday – Friday, 8 am – 4:30 pm www.ucare.org/mdc
			 Dental Care for U: Additional topical fluoride application (one per year) Comprehensive oral evaluation (one per year) Porcelain or porcelain fused to high noble metal crown (two per year) One crown repair per year Electric toothbrush (one every three years) Electric toothbrush replacement heads (one package of two per year) Gross removal of plaque and tartar (one per year) Root canal and root canal retreatment (one each per tooth per lifetime) Nitrous oxide for preventive or comprehensive dental visits for members with dental anxiety (twice per year)
(continued on the next page)			 Panoramic and full-mouth x-ray (one each per year)

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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)			 Periodontal maintenance visits (four per year) Root planing and scaling (once every two years) Additional coverage limits may apply.
You need eye care	Eye exams	\$0	
	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	



If you have questions, please call UCare Connect + Medicare Customer Service at 612-676-**11 you nave questions**, please can occur connect and a second connect a free), 8 am – 8 pm, seven days a week. For more information, visit ucare.org.

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 mental health condition	Mental or behavioral health services	\$0	Prior authorization may be required. State eligibility requirements may apply.
	Inpatient care for people who need long-term mental health services	\$0	State eligibility requirements may apply.
You have a substance use disorder	Substance use disorder services	\$0	
You need a place to live with people available to help	Skilled nursing care	\$0	Prior authorization may be required.
you	Nursing home care	\$0	Prior authorization may be required.
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 (continued on the next page)	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.

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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	Emergency transportation	\$0	
services (continued)	Transportation to a health care provider for medical appointments	\$0	UCare Connect + Medicare is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home. UCare Connect + Medicare 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 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>Evidence of Coverage</i> for more information on these drugs. Some Medicare Part B drugs may need prior authorization or have step therapy requirements.
(continued on the next page)	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 limit of \$7,400 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. You will	There may be limitations on the types of drugs covered. Please refer to UCare Connect + Medicare's <i>List of Covered</i> <i>Drugs</i> (Drug List) at ucare.org/dsnp-druglist for more information. UCare Connect + Medicare 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

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	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)		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.	Connect + Medicare 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, <i>List of Covered</i> <i>Drugs</i> (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.

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)	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. 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 Connect + Medicare's <i>List of Covered</i> <i>Drugs</i> (Drug List) at ucare.org/dsnp-druglist for more information. UCare Connect + Medicare 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 Connect + Medicare 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, <i>List of Covered</i> <i>Drugs</i> (Drug List) and printed
next page)			<i>Drugs</i> (Drug List), and printed materials, as well as on

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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)			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
	Over-the-counter (OTC) drugs	\$0	and is available at most retail pharmacy locations or mail order pharmacies. There may be limitations on the types of drugs covered.
(continued on the	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.	There may be limitations on the types of drugs covered. Please refer to UCare Connect + Medicare's <i>List of Covered</i> <i>Drugs</i> (Drug List) at ucare.org/dsnp-druglist for more information. UCare Connect + Medicare 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.
(continued on the next page)			limits.

If you have questions, please call UCare Connect + Medicare Customer Service at 612-676-**11 you nave questions**, please can occur connect and a signal of the set of free), 8 am – 8 pm, seven days a week. For more information, visit ucare.org.

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.	Your provider must get prior authorization from UCare Connect + Medicare for certain drugs.
You need help getting better or have special	Rehabilitation services	\$0	
health needs	Medical equipment for home care	\$0	
You need foot care	Podiatry services	\$0	For routine foot care (not related to a specific diagnosis already covered by Medicare). Coverage limited to one routine foot care visit per month.
	Orthotic services	\$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 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>Evidence of</i> <i>Coverage</i> for more information.)	\$0	Prior authorization may be required.
You need help living at home	Home health care services	\$0	Prior authorization may be required. State eligibility requirements may apply.
You need interpreter services	Spoken language interpreter	\$0	
361 11063	Sign language interpreter	\$0	
Additional services	24/7 Nurse Line	\$0	
(continued on the	Acupuncture	\$0	
next page)	Care coordination	\$0	



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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)	Chiropractic services	\$0	Prior authorization may be required.
(continued)	Diabetic supplies	\$0	There are limitations on the test strips and meters covered. Please see UCare Connect + Medicare's <i>List of Covered</i> <i>Drugs</i> (Drug List) 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.

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	Connect to Wellness Kit	\$0	At-home fitness and wellness kits. Call Customer Service to order a kit. One kit per year per member.
	Healthy Savings Food Allowance	\$0	\$30 monthly allowance for purchase of healthy goods and produce at participating stores for members with hypertension, diabetes or lipid disorders.
	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 help improve memory, attention and focus Social activities, community classes, and
(continued on the next page)			events available for online or in-person participation

If you have questions, please call UCare Connect + Medicare Customer Service at 612-676-**11 you nave questions**, please can occur connect and a signal of the set of free), 8 am – 8 pm, seven days a week. For more information, visit ucare.org.

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)			Go to ucare.org/onepass or call 1-877-504-6830 (this call is free) or for TTY access, use 711, 8 am – 9 pm, Monday – Friday.
	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.
	Mask and Sanitizer Kit	\$0	Reusable mask, hand sanitizer sanitizing wipes and disposable gloves (1 kit per year).
	WW (formerly Weight Watchers) weight management, wellness workshops and digital tools	\$0	Access to 13 consecutive weeks of WW weight management and wellness workshops and 14 consecutive weeks access to WW digital tools every year.

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



D. Services covered outside of UCare Connect + Medicare

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

Other services covered by Medicare	Your costs
Some hospice care services	\$0
Personal care assistance services	\$0
Home care nursing services	\$0

E. Services not covered by UCare Connect + Medicare, 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 Connect + Medicare, 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 Connect + Medicare, 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

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will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. 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 status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance status
 - Get information in other formats (for example, large print, braille, or audio) free of charge
 - 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
- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they are covered
- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. UCare
 Connect + Medicare will pay for the cost of your second opinion visit
- 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 barrierfree 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
 - 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
- 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:
 - 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 Connect + Medicare *Evidence of Coverage*. If you have questions, you can also call UCare Connect + Medicare 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 Connect + Medicare 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 Connect + Medicare *Evidence of Coverage*. You can also call UCare Connect + Medicare Customer Service.

- For oral grievances and complaints, call UCare Connect + Medicare Customer Service: 612-676-3310 or 1-855-260-9707 (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
- If you have questions, please call UCare Connect + Medicare Customer Service at 612-676-3310 or 1-855-260-9707 (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.

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

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 Connect + Medicare Customer Service. Phone numbers are at the bottom of the • page.
- Call UCare's Connect + Medicare Fraud Hot Line: 1-877-826-6847, 24 hours a day, seven days a week. The call is free. TTY users call 612-676-6810 or 1-800-688-2534. 8 am - 8 pm, seven days a week. The call is free.
- 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 questions, please call UCare Connect + Medicare Customer Service at 612-**2** If you have questions, prease can exact exact 2 and 2 an call is free), 8 am – 8 pm, seven days a week. For more information, visit ucare.org.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call UCare Connect + Medicare Customer Service:

612-676-3310 or 1-855-260-9707 (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 the 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 24/7 Nurse Line are:

1-800-942-7858 (The call is free.)

24 hours a day, seven days a week

UCare Connect + Medicare 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 (The call is free.)

8 am – 5 pm, Monday – Friday

UCare Connect + Medicare 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 – 5 pm, Monday – Friday

U7019 (08/2022)

