

# UCare Connect + Medicare (HMO D-SNP) offered by UCare Minnesota

## Annual Notice of Changes for 2023

You are currently enrolled as a member of UCare Connect + Medicare. Next year, there will be changes to the plan's costs and benefits. *Please refer to Summary of Important Costs for 2023.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [ucare.org/formembers](https://ucare.org/formembers). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

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### What to do now

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

- Check if the changes to our benefits and costs affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

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

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2022, you will stay in UCare Connect + Medicare.



- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with UCare Connect + Medicare.
- Look in Section 3.2 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **Additional Resources**

- Please contact our Customer Service number at 612-676-3310 or 1-855-260-9707 (this call is free) for additional information. TTY users should call 612-676-6810 or 1-800-688-2534 (this call is free). Hours are 8 am – 8 pm, seven days a week.
- Upon request, we can give you information in braille, in large print, or other alternate formats if you need it.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About UCare Connect + Medicare**

- 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. The plan also has a written agreement with the MN Medicaid program to coordinate your Medicaid benefits.
- When this document says “we,” “us,” or “our,” it means UCare Minnesota. When it says “plan” or “our plan,” it means UCare Connect + Medicare.

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## 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](mailto: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:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

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: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### **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
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

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](mailto: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 see your primary care provider prior to the referral.

# Annual Notice of Changes for 2023

## Table of Contents

<b>Summary of Important Costs for 2023 .....</b>	<b>8</b>
<b>Section 1 Changes to Benefits and Costs for Next Year .....</b>	<b>10</b>
Section 1.1 – Changes to the Monthly Premium.....	10
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount .....	10
Section 1.3 – Changes to the Provider and Pharmacy Networks .....	11
Section 1.4 – Changes to Benefits and Costs for Medical Services.....	11
Section 1.5 – Changes to Part D Prescription Drug Coverage.....	12
<b>Section 2 Administrative Changes .....</b>	<b>15</b>
<b>Section 3 Deciding Which Plan to Choose.....</b>	<b>15</b>
Section 3.1 – If you want to stay in UCare Connect + Medicare.....	15
Section 3.2 – If you want to change plans .....	16
<b>Section 4 Changing Plans .....</b>	<b>16</b>
<b>Section 5 Programs That Offer Free Counseling about Medicare and Medicaid.....</b>	<b>17</b>
<b>Section 6 Programs That Help Pay for Prescription Drugs.....</b>	<b>17</b>
<b>Section 7 Questions? .....</b>	<b>18</b>
Section 7.1 – Getting Help from UCare Connect + Medicare.....	18
Section 7.2 – Getting Help from Medicare .....	19
Section 7.3 – Getting Help from Medicaid .....	19

## Summary of Important Costs for 2023

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

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher than this amount. Refer to Section 1.1 for details.	\$0	\$0
<b>Doctor office visits</b>	Primary care visits: \$0 copay per visit  Specialist visits: \$0 copay per visit	Primary care visits: \$0 copay per visit  Specialist visits: \$0 copay per visit
<b>Inpatient hospital stays</b>	\$0	\$0
<b>Part D prescription drug coverage</b> (Refer to Section 1.5 for details.)	<b>Deductible: \$0</b>  Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• <b>Drug Tier 1 Generic</b> (covered generic drugs): \$0/\$1.35/\$3.95</li> <li>• <b>Drug Tier 1 Brand</b> (covered brand drugs): \$0/\$4.00/\$9.85</li> </ul>	<b>Deductible: \$0</b>  Copayment during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• <b>Drug Tier 1 Generic</b> (covered generic drugs): \$0/\$1.45/\$4.15</li> <li>• <b>Drug Tier 1 Brand</b> (covered brand drugs): \$0/\$4.30/\$10.35</li> </ul>



Cost	2022 (this year)	2023 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.</p> <p>(Refer to Section 1.2 for details.)</p>	<p>\$0</p> <p>If you are eligible for Medicare cost-sharing assistance under Medical Assistance (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$0</p> <p>If you are eligible for Medicare cost-sharing assistance under Medical Assistance (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

## SECTION 1 Changes to Benefits and Costs for Next Year

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### Section 1.1 – Changes to the Monthly Premium

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<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Monthly premium</b>	\$0	\$0
<p>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medical Assistance (Medicaid).)</p>		

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

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

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Maximum out-of-pocket amount</b>	\$0	\$0
<b>Because our members also get assistance from Medical Assistance (Medicaid), very few members ever reach this out-of-pocket maximum.</b>		Once you have paid \$0 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		

## Section 1.3 – Changes to the Provider and Pharmacy Networks

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

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

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

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

## Section 1.4 – Changes to Benefits and Costs for Medical Services

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Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

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

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Dental services</b>	Crown repair is <u>not</u> covered.	You pay a \$0 copay for one crown repair per year.
<b>Dental services</b>	You pay a \$0 copay for <b>one</b> porcelain or porcelain fused to high noble metal crown per year.	You pay a \$0 copay for <b>two</b> porcelain or porcelain fused to high noble metal crown per year.
<b>Special supplemental benefits for the chronically ill</b>	Nutritional food allowance is <u>not</u> covered.	You receive up to \$30 per month nutritional food allowance for members with hypertension, diabetes or lipid disorders.

Cost	2022 (this year)	2023 (next year)
<b>Special supplemental benefits for the chronically ill</b>	Transportation to Alcoholics Anonymous or Narcotics Anonymous meetings are <u>not</u> covered.	Up to one round-trip ride per day to an Alcoholics Anonymous or Narcotics Anonymous meeting for members assessed as having substance use disorder.
<b>Vision care</b>	You have a supplemental eyewear benefit of: - Anti-glare lens coating <b>once every two years</b> - Photochromic lens tinting <b>once every two years</b> - Progressive lenses <b>once every two years</b>	You have a supplemental eyewear benefit of: - Anti-glare lens coating <b>once per year</b> - Photochromic lens tinting <b>once per year</b> - Progressive lenses <b>once per year</b>

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

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

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

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

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

## Changes to Prescription Drug Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you.

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

There are four “drug payment stages.”

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

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

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

## Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

## Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To check if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <ul style="list-style-type: none"> <li>• <b>Drug Tier 1 Generic*</b> (covered generic drugs): You pay \$0/\$1.35/\$3.95 per prescription</li> <li>• <b>Drug Tier 1 Brand*</b> (covered brand drugs): You pay \$0/\$4.00/\$9.85 per prescription</li> </ul> <hr/> <p>Once you have paid \$7,050 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <ul style="list-style-type: none"> <li>• <b>Drug Tier 1 Generic*</b> (covered generic drugs): You pay \$0/\$1.45/\$4.15 per prescription</li> <li>• <b>Drug Tier 1 Brand*</b> (covered brand drugs): You pay \$0/\$4.30/\$10.35 per prescription</li> </ul> <hr/> <p>Once you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

\*Your copay depends upon your income level and institutional status.

## SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
Service area change	Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Faribault, Fillmore, Hennepin, Houston, Isanti, Itasca, 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, Wadena, Washington, Watonwan, Wilkin, Winona, Wright, and Yellow Medicine	Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Fillmore, <b>Freeborn</b> , Hennepin, Houston, Isanti, Itasca, Jackson, <b>Kanabec</b> , 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

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in UCare Connect + Medicare

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

## Section 3.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- --OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

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

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

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from UCare Connect + Medicare.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UCare Connect + Medicare.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Service if you need more information on how to do so.
  - --OR-- Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 4 Changing Plans

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If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug



coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

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

## **SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid**

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

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior LinkAge Line® counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the Senior LinkAge Line® at the phone numbers listed below.

### **Minnesota SHIP**

Senior LinkAge Line®

Minnesota Board on Aging

P.O. Box 64976

St. Paul, MN 55164-0976

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

TTY call the Minnesota Relay Service at 711

[www.seniorlinkageline.com](http://www.seniorlinkageline.com)

The Disability Hub MN™ provides free local health insurance counseling for people with disabilities. Disability Hub MN is independent (not connected with any insurance company or health plan). Trained Disability Hub MN counselors can help you understand how to combine your Medical Assistance (Medicaid) and Medicare through one managed care plan and understand options. You can call Disability Hub MN at 1-866-333-2466 (TTY call 711). You can learn more about Disability Hub MN by visiting their website (<https://www.disabilityhubmn.org>).

For questions about your Medical Assistance (Medicaid) benefits, contact Minnesota Health Care Programs (MHCP) Member Help Desk, at 1-800-657-3739, Monday – Friday, 8 am – 5 pm. TTY users should use your preferred relay service. Ask how joining another plan or returning to Original Medicare affects how you get your Medical Assistance (Medicaid) coverage.

## **SECTION 6 Programs That Help Pay for Prescription Drugs**

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You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the HIV/AIDS program ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call HIV/AIDS program Monday – Friday, 8:30 am – 4:30 pm:

**Twin Cities Metro area**

Phone: 651-431-2414

Fax: 651-431-7414

**Statewide**

Phone: 1-800-657-3761 (this call is free)

TTY: 1-800-627-3529 (this call is free)

**HIV/AIDS Programs**

Department of Human Services

P.O. Box 64972

St. Paul, MN 55164-0972

## **SECTION 7 Questions?**

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### **Section 7.1 – Getting Help from UCare Connect + Medicare**

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Questions? We’re here to help. Please call Customer Service at 612-676-3310 or 1-855-260-9707 (this call is free). TTY only, call 612-676-6810 or 1-800-688-2534 (this call is free). We are available for phone calls 8 am – 8 pm, seven days a week.

## **Read your 2023 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for UCare Connect + Medicare. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [ucare.org/formembers](https://ucare.org/formembers). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

### **Visit our Website**

You can also visit our website at [ucare.org](https://ucare.org). As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

## **Section 7.2 – Getting Help from Medicare**

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To get information directly from Medicare:

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

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

### **Visit the Medicare Website**

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

### **Read *Medicare & You 2023***

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## **Section 7.3 – Getting Help from Medicaid**

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To get information from Medical Assistance (Medicaid) you can call the Minnesota Department of Human Services at 1-800-657-3739. TTY users should call 1-800-627-3429 or 711, Monday – Friday, 8 am – 5 pm. These calls are free.



500 Stinson Blvd. NE

Minneapolis, MN 55440-0052

**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

**[ucare.org](https://www.ucare.org)**

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