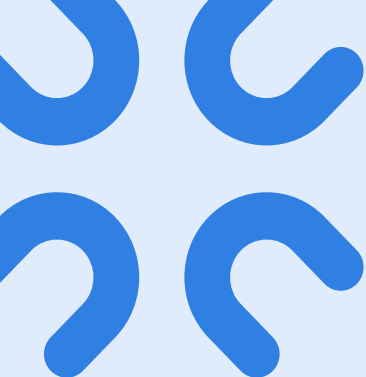




## Explore your 2023 UCare Medicare Advantage Plan



people powered health plans



# Welcome to UCare!

Our goal is to help you live well every day. We're the can-doers. A team of go-getters working hard to make sure you get the care and coverage you need, when you need it.

We created this guide with you in mind. It will help you make the most of your plan and the many health and wellness benefits it provides. Keep it as a handy resource as you explore all your UCare Medicare PPO plans have to offer.

Thank you for choosing UCare.



# Quick reference

## Where to reach us when you need help

We're helpers, and we're here for you when you need us. Feel free to call or visit us online whenever you have questions about your plan or coverage.

### Customer service

Our UCare Customer Service team is ready to take your call.

612-676-6526 or  
1-833-951-3183  
TTY 1-800-688-2534  
8 am – 8 pm, seven days a week

### Locations

500 Stinson Blvd  
Minneapolis, MN 55413  
4310 Menard Dr, Suite 600  
Hermantown, MN 55811

### Mental Health and Substance Use Disorder Services

Get support during a crisis or connected with community resources by calling:

612-676-6533 or  
1-833-276-1185  
TTY 1-800-688-2534  
8 am – 5 pm, Monday – Friday

## Other important numbers and resources

### Express Scripts Mail Order

1-877-567-6320  
24 hours a day, seven days a week  
[express-scripts.com](http://express-scripts.com)

### Healthy Savings® and over-the-counter benefit

1-833-862-8276, TTY 711  
[healthysavings.com/ucare](http://healthysavings.com/ucare)

### Tobacco and nicotine quit line

1-855-260-9713, TTY 711  
24 hours a day, seven days a week  
[myquitforlife.com/ucare](http://myquitforlife.com/ucare)

### One Pass

1-877-504-6830, TTY 711  
8 am – 9 pm, Monday – Friday  
[ucare.org/onepass](http://ucare.org/onepass)

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## Health care directives and other plan documents

A health care directive is a written document that informs others of your wishes about your health care. Contact your health care provider, your attorney, or call 1-800-333-2433, TTY 711 to learn more. A suggested health care directive form is available online at **[ucare.org/advanced-directives](http://ucare.org/advanced-directives)**.

You can also find your *Evidence of Coverage*, list of drugs (formulary) and other plan documents online under "plan resources."

If you have questions, or would like us to mail a document to you, please send us a message through your online member account at **[ucare.org](http://ucare.org)** or call customer service.



## Getting started

### Everything you need to know to start using your plan

#### Setting up your secure online member account






You'll be able to view and manage your health plan information whenever and wherever it's convenient for you.

To set up your account, visit **member.ucare.org**. Once you've set up your secure online member account, you can:

- Send and receive secure messages with customer service
- Search your provider and pharmacy network. You can also view your doctors' educational and professional qualifications.
- Search the list of drugs (formulary) your plan covers
- Download or request a physical member ID card
- See your plan materials, such as your *Evidence of Coverage* which includes your member rights and responsibilities
- Get coverage updates and important health and wellness information
- Manage your contact information
- Pay your premium bill online
- View and track your claims and spending

## Paying your monthly UCare premium

There are five ways you can pay your monthly plan premium. When you enrolled in your plan, you chose to either:

-  Get a monthly bill in the mail.
-  Have funds transferred electronically from your bank account.
-  Have your premium deducted from your Social Security check or Railroad Retirement Board fund.
-  Log in to your member account and pay online.
-  Pay by phone. Call the customer service phone number on the back of your card and follow the prompts.

If you'd like to change the option you chose, call the number on the back of your member ID card or send a message to customer service through your online member account.



## Find out how to give consent to share your health information with family members

We understand that your family cares about your health. If you'd like us to share your health information with them, we need your consent. Go to [ucare.org](https://www.ucare.org) and click on "plan resources." Then print the *Statement of Representative Form* (PDF), complete, and mail back to us. Call customer service to learn more.

## Using your member ID card

Your member ID card is key to getting the care you need. Show it whenever you seek care to help your doctors, clinics and pharmacists better understand your health care coverage.

### Tips for using your card

Check your member ID card when you receive it to make sure your information is correct. Here are a few other tips to keep in mind:

- Always carry your card with you so you'll have it when you need it
- Have your card handy whenever you call us
- If your card is lost, download or request a replacement through your online member account or call customer service



## Traveling within the U.S.

UCare Medicare PPO plans travel with you whether you're gone for a couple weeks or a few months. Now you have access to out-of-state providers with the new expanded access to the national MultiPlan Network.

If you see providers that are not in the UCare or the MultiPlan Network, you'll have coverage at any provider that accepts Medicare within the U.S., but you may pay more.

See your *Evidence of Coverage* for details.



## Member ID card

### Plan name

The name of your health plan.

### Member ID number

Your member ID number is unique to you.

**ucare**  
Issuer: **80840**  
Name: **JOHN Q DOE**  
ID: **123456789**  
RxBIN: **003858** RxPCN: **MD** RxGrp: **MNUA**  
RxID: **1235678900**  
Svc Type: **MEDICAL / DENTAL**  
Group Number: **xxxxxx**  
Care Type: **UCare Your Choice and Your Choice Plus  
H8070 001 and H8070 002**  
Medicare Limiting Charges Apply  
OV \$xx/SP \$xx/UC \$xx/ER\$xxx Issued: mm/dd/yyyy

**ucare.org**

**MedicareRx**  
Prescription Drug Coverage

### Copays

The amount you pay when you get care in a doctor's office (OV), specialist (SP), urgent care (UC) or emergency room (ER).

### UCare website

View plan information and manage your account.

### Contact information

Where to call for help and information.

### Health Club Savings

Shows you qualify for credit on monthly fitness club fees.

**FOR MEMBER USE - For emergency care go to the nearest hospital or call 911.**  
Customer Service: 612-676-6526 or 1-833-951-3183, TTY: 612-676-6810 or 1-800-688-2534  
UCare 24/7 Nurse Line: 1-888-778-8204, TTY: 1-855-307-6976  
Mental Health and Substance Use Disorder Services: 612-676-6533 or 1-833-276-1185  
Appeals and Grievances: Call UCare: 612-676-6841 or 1-877-523-1517,  
TTY: 612-676-6810 or 1-800-688-2534

**FOR PROVIDER USE - MN Primary claims must be submitted electronically.**  
For outside MN submit claims to UCare, P.O. Box 70, Minneapolis, MN 55440-0070.  
Prescription drug claims must be submitted electronically to Express Scripts.  
Express Scripts help desk for Pharmacies: 1-800-922-1557  
Submit chiropractic claims to: Fulcrum Health, Inc., P.O. Box 981808, El Paso, TX 79998-1808  
Provider Assistance Center: 612-676-3300 or 1-888-531-1493

**MultiPlan**  
Medicare Advantage

**One Pass™**

### MultiPlan

Shows you have access to out-of-state providers

### One Pass fitness program

Shows you have One Pass fitness benefits.



## Searching through your coverage

### It's easy to find a doctor and your prescription drugs

Go to [search.ucare.org](https://search.ucare.org) to browse through the online directory. Use this online tool to find:



#### **People**

Doctors, specialists, dentists, chiropractors and other kinds of care



#### **Places**

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



#### **Pharmacies**

Community, hospital, clinical and online pharmacies



#### **Prescriptions**

Covered drugs and limits/restrictions

## Search tool FAQs

### Why must I start by choosing a plan?

We want to ensure that members who use the tool are viewing only people, places, and pharmacies that provide services for their plan. Selecting the plan choice first is the best way to ensure this occurs.

### What if I don't know my plan?

UCare members can go to **ucare.org**, then "Member login." Your plan name is displayed on the landing page.

### When entering a location, do I need to select one of the options that appears in the resulting drop-down box?

Yes — this tool uses Google location technology. You will get best results by selecting one of the location options presented. Also, as this tool uses country-wide location capabilities so make sure you select the correct city and state.



## Save more when you use preferred pharmacies

Fill your prescriptions at one of our 22,000+ preferred pharmacies and pay less for your drugs. To find a preferred pharmacy near you, use the search network tool at **search.ucare.org**. Filter by selecting "Preferred pharmacy network."

# Plan highlights

## Drug benefits

Prescription drug benefits are an important part of your health care coverage. See your *Evidence of Coverage* for details so you'll know how to make the most of them.

## Filling prescriptions

You can choose from three ways to fill your prescription:

1. Have your doctor send your prescription to a pharmacy in your plan network.
2. Take the written prescription to a pharmacy in your plan network.
3. Sign up for the Express Scripts mail-order program.

## Express Scripts mail-order pharmacy

You can save on 90-day supplies of many drugs when you use the Express Scripts mail-order pharmacy. You'll pay just two copays instead of three copays. Call Express Scripts or visit their website to sign up.

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## Insulin

Members won't pay more than \$35 for a one-month supply of each insulin product covered by your plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

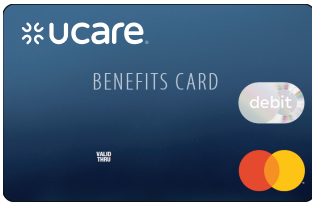
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## Vision coverage

All plans include a yearly routine eye exam and up to two vision tests. Diagnostic eye exams are covered by your UCare Medicare Plan with a copay. See your *Evidence of Coverage* to learn more about your vision benefits.

## Combined flexible benefit allowance

Combined flexible benefits allow you to choose the benefits you need most. With your UCare Medicare PPO plan, you get combined flexible benefit allowance of \$900 or \$1800, depending on the plan you choose. Use it for eligible dental, hearing aids and/or prescription eyewear at any provider. Pay with your UCare Rewards Benefit Mastercard to use your combined flexible benefit allowance. The allowance will be pre-loaded at the beginning of your plan year and will expire at the end of the plan year, or if your plan terminates. Please see your *Evidence of Coverage* for full details.



The UCare Rewards Benefit Mastercard is a reloadable card that features:

- Flexibility, choice and ease of use
- Access to your preloaded combined flexible benefit allowance

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## Preventive care

Your UCare Your Choice or Choice Plus plan covers many preventive screenings and services at no cost to you, including a comprehensive yearly Medicare wellness visit. Be sure to talk with your doctor about which screenings are important for you:

- Bone density test
- Diabetes screening
- Cholesterol test
- Hypertension and blood pressure control
- Mammogram
- Colon cancer screening
- Flu shots and vaccinations

## Vaccines

Your plan covers flu, pneumonia and most Part D vaccines, such as tetanus and shingles, even if you haven't paid your deductible. Get these vaccines at your pharmacy; call ahead to see if the pharmacy requires an appointment.

### How to know if a vaccine is Part B or Part D

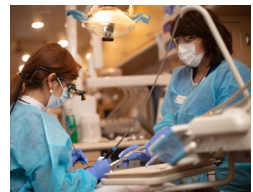
Medicare categorizes vaccines under Part B or Part D. Certain vaccinations, like the flu, and pneumonia shots, are always covered under Part B. You are also covered under Part B if there's a risk you've been exposed to a virus or disease. For example, if you step on a nail and need a shot to prevent tetanus, the vaccine falls under Part B. If you're due for a tetanus booster shot, under normal circumstances the vaccine falls under Part D. For the best coverage, you should get your Part D vaccines at the pharmacy.

Example: How vaccines are covered

Always Part B coverage	Part B or Part D coverage	Always Part D coverage
Flu Pneumonia	Tetanus Hepatitis B	Shingles Hepatitis A

## Mobile Dental Clinic

UCare offers dental check-ups, cleanings and basic restorative care aboard the UCare Mobile Dental Clinic. Call to find out when the clinic will be near you or go to [ucare.org/mdc](http://ucare.org/mdc) for scheduled dates and locations. Schedule your appointment by calling 1-866-451-1555, TTY 1-800-627- 3529, 8 am – 4:30 pm, Monday – Friday.





# Member programs and resources

## More ways to improve your health

Improve your health with programs and resources that go beyond your covered benefits.

### Over-the-counter (OTC) benefits

The over-the-counter (OTC) benefit through Healthy Savings can be used to purchase health items such as cough drops, first aid supplies, pain relief, sinus medications, toothpaste and much more at participating retailers. You will receive an allowance to use twice a year. Dollars you don't use will expire semiannually on June 30 and December 31. These dollars can't be redeemed for cash.

Find participating locations, browse eligible items and get more information on how to save at [healthysavings.com/ucare](https://healthysavings.com/ucare).

### Healthy Savings

You can save up to \$50 a week on select healthy foods including milk, eggs, fruits, vegetables and more. Add savings to your Healthy Savings account in the "Save More" section of the mobile app and Healthy Savings website, [healthysavings.com/ucare](https://healthysavings.com/ucare).

### Get help to quit tobacco and nicotine

Learn how to stop smoking, vaping or chewing tobacco at no charge with our tobacco and nicotine quit line. Nicotine patches, gum or lozenges are also available to eligible UCare members.

Get help to kick the habit from the comfort of your own home by:

- Calling the tobacco and nicotine quit line at 1-855-260-9713, TTY 711
- Visiting online at [myquitforlife.com/ucare](https://myquitforlife.com/ucare)
- Downloading the Rally Coach Quit For Life mobile app





### Care by phone or online

Telehealth visits are covered for Medicare-approved services. E-visits (online evaluation and diagnosis) are covered for some conditions. See your *Evidence of Coverage* for more information, available at [ucares.org](https://www.ucares.com).



## Become a UCare Ambassador

Show your support for UCare by joining our sponsored community events and activities. You'll have the chance to share your best member experiences on social media and in your community. You will also receive a UCare Ambassador e-newsletter.

Join online at [ucare.org](https://www.ucare.org) or call the customer service number on the back of your member ID card.

# Fitness programs

## Have fun and stay active

With UCare fitness benefits you can watch your dollars and your waistline. Your plan includes One Pass and Health Club Savings programs.

### One Pass

One Pass is a complete fitness solution for your body and mind, available to you at no additional cost.

You'll have access to more than 23,000 participating fitness locations nationwide, plus:

- 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
- More than 30,000 social activities, community classes and events available for online or in-person participation.

For more information about One Pass, visit [ucare.org/onepass](https://ucare.org/onepass).

### Health Club Savings

Join a class, work with weights, swim some laps or try something new. Health Club Savings offers the variety you want and the flexibility you deserve. If you belong to a participating health club that is not in the One Pass network, you can receive a reimbursement of up to \$30 in your monthly health club membership fees.

Bring your member ID card to your health club to sign up. To see a full list of participating health clubs, visit [ucare.org/fitness](https://ucare.org/fitness).





## Notice of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **612-676-6500 (voice)** or toll free at **1-866-457-7144 (voice)**, **612-676-6810 (TTY)**, or **1-800-688-2534 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **612-676-6500** or toll free at **1-866-457-7144 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**.

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

## Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call **612-676-6500** or toll free at **1-866-457-7144 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

## Written grievance

### *Mailing Address*

UCare

Attn: Complaints, Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: [cag@ucare.org](mailto:cag@ucare.org)

Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-6500/ 1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-6500/ 1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-6500/ 1-866-457-7144 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,  
ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ,  
ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-676-6500/1-866-457-7144  
(TTY: 612-676-6810/ 1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በጎጂ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 612-676-6500/ 1-866-457-7144 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).



ဟ်သုဉ်ဟ်သး-နမ့ၢ်ကတိၤ ကညီ ကျိၣ်အယိၤ. နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘျုးလၢ  
ၤစ့ၤ နီတမံၤဘျုးသ့န့ၣ်လီၤ. ကိး 612-676-6500/1-866-457-7144  
(TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos  
sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer:  
612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ,  
សេវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល  
គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 612-676-6500/  
1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان .  
اتصل برقم 612-676-6500/1-866-457-7144 (رقم هاتف الصم والبكم):  
(612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide  
linguistique vous sont proposés gratuitement. Appelez le  
612-676-6500/1-866-457-7144 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로  
이용하실 수 있습니다. 612-676-6500/1-866-457-7144  
(TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit  
ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa  
612-676-6500/1-866-457-7144 (TTY: 612-676-6810/  
1-800-688-2534).

U7076B (11/17)

# Notice of Privacy Practices

Effective Date: July 1, 2013

Date of Last Review: July 20, 2022

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

\*In this Notice, “you” means the member and “we” means UCare.

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

## Why are we telling you this?

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

## What do we mean by “information?”

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

## What kinds of information do we use?

We receive information about you as part of our work in providing health plan services and health coverage. This information includes your name, address, and date of birth, race, ethnicity, language, sexual orientation, gender identity, telephone numbers, family information, financial information, health records, or other health information. Examples of the kinds of information we collect include: information from enrollment applications, claims, provider information, and customer satisfaction or health surveys; information you give us when you call us about a

question or when you file a complaint or appeal; information we need to answer your question or decide your appeal; and information you provide us to help us obtain payment for premiums.

### **What do we do with this information?**

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

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

Other uses include customer service activities, complaints or appeals, health promotion, quality activities, health survey information, underwriting, actuarial studies, premium rating, legal and regulatory compliance, risk management, professional peer review, credentialing, accreditation, antifraud activities, as well as business planning and administration. For example, we may use your information to make a decision regarding an appeal filed by you. We do not use or disclose any genetic information, race, ethnicity, language, sexual orientation or gender identity for the purpose of underwriting.

In addition, we may use your information to provide you with appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We may also share information with family members or others you identify as involved with your care, or with the sponsor of a group health plan, as applicable. We do not sell or rent your information to anyone. We will not use or disclose your information for fundraising without your permission. We will only use or disclose your information for marketing purposes with your authorization. We treat information about former members with the same protection as current members.

## **Who sees your information?**

UCare employees see your information only if necessary to do their jobs. We have procedures and systems to keep personal information secure from people who do not have a right to see it.

We may share the information with providers and other companies or persons working with or for us. We have contracts with those companies or persons. In those contracts, we require that they agree to keep your information confidential. This includes our lawyers, accountants, auditors, third party administrators, insurance agents or brokers, information systems companies, marketing companies, disease management companies, or consultants.

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

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

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

In most situations, permissions to represent you may be cancelled at any time. However, the cancellation will not apply to uses or disclosures we made before we received your

cancellation. Also, once we have permission to release your information, we cannot promise that the person who receives the information will not share it.

### **What are your rights?**

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

- You have the right to receive a listing of the times when we have shared your information in some cases. Please note that we are not required to provide you with a listing of information shared prior to April 14, 2003; information shared or used for treatment, payment, and health care operations purposes; information shared with you or someone else as a result of your permission; information that is shared as a result of an allowed use or disclosure; or information shared for national security or intelligence purposes. All requests for this list must be in writing.

We will need you to provide us specific information so we can answer your request.

If you request this list more than once in a 12-month period, we may charge you a reasonable fee. If you have questions about this, please contact us at the address provided at the end of this Notice.

- You have the right to receive notifications of breaches of your unsecured protected health information.
- You have the right to receive a copy of this Notice from us upon request. This Notice took effect July 1, 2013 and was last revised on July 20, 2022.

### **How do we protect your information?**

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

### **What else do you need to know?**

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

Healthy Savings is a registered trademark of Solutran, Inc.

UCare Your Choice is a PPO plan with a Medicare contract.  
Enrollment in UCare Your Choice depends on contract renewal.



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