

# 2024 UCare Connect (SNBC)

A Special Needs BasicCare Plan for Minnesota adults with Medicaid (Medical Assistance) and a certified disability



# Is UCare Connect right for you?

#### Enroll if you:

- ✓ Are at least age 18 and under age 65
- ✓ Have Medicaid with or without Medicare Parts A and B

- ✓ Have a certified disability
- ✓ Live in the UCare Connect service area

#### Counties in the UCare Connect service area

Aitkin Freeborn Anoka Hennepin Becker Houston Benton Isanti Blue Earth Itasca Carlton lackson Carver Kanabec Cass Kandiyohi Chippewa Kittson Chisago Koochiching Lac qui Parle Clay

Cook Lake
Cottonwood Lake of the Woods

Crow Wing Le Sueur Dakota Lincoln Faribault Lyon

Fillmore Mahnomen

Martin Mille Lacs Morrison Mower Murray Nicollet Nobles Norman Olmsted Otter Tail Pennington Pine Polk Ramsey Red Lake Redwood

Marshall

Rice
Rock
Roseau
Scott
Sherburne
St. Louis
Stearns
Swift
Todd
Wadena
Washington
Watonwan
Wilkin
Winona

Yellow Medicine

Wright

### Join at no cost to you.

\*If you have Medicare, Part D copays and Part B premiums will apply.

You may be eligible to enroll now with a Special Election period.
Call us to learn more.



## Get more with UCare Connect

UCare Connect provides benefits beyond straight Medicaid like:

- One Pass fitness program with access to participating fitness locations nationwide, online classes, at home fitness kits, brain training, no-cost social events, activities and more
- Save up to \$50 a week with healthy grocery discounts at participating stores
- Connect to Wellness Kit options include Fitness, Stress Relief, Sleep Aid, Dental and smart home device
- Up to \$15 off community education classes (limits may apply)
- **Keep Your Coverage team** of specialists that guide you through the Medicaid renewal process so you can avoid gaps in care and services
- **No-cost transportation** to and from covered medical, dental and pharmacy appointments through UCare Health Ride



Call us today and talk with a licensed UCare agent.

1-800-707-1711 TTY 1-800-688-2534

8 am – 5 pm, Monday – Friday



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

Go to search.ucare.org to look for:



## People

Doctors, specialists, dentists, chiropractors and any type of care you need



## **Places**

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



## **Drugs**

Download the complete Formulary or search the list of covered drugs



## **Pharmacies**

Community, hospital, clinical and online pharmacies

## What's next

# When you enroll by mail, online or in person, here's what happens next:

- 1. We check to make sure your enrollment form is complete and will let you know if anything is missing
- 2. We'll send your enrollment form to the Minnesota Department of Human Services (DHS) for review
- **3.** If DHS determines you're eligible for UCare Connect, DHS will send you a letter confirming your enrollment
- **4.** You'll get a UCare member identification (ID) card to access your medical and dental needs. You can use this card at your pharmacy for Medicaid-covered drugs (you will also need your Part D card if you have Medicare). You'll also get a member guide to help you make the most of your coverage.



Scan the QR code to enroll online now

# Have questions? We can help.

1-800-707-1711; TTY 1-800-688-2534

8 am – 5 pm, Monday – Friday

snpsales@ucare.org | ucare.org/connect

# UCare Connect offers more benefits

**UCare Connect (SNBC) and straight Medicaid (Medical Assistance)** 

Additional benefits to improve your health		UCare Connect	straight Medicaid
Key perks	Medicaid medical and pharmacy benefits	$\checkmark$	<b>✓</b>
	No premiums*	$\checkmark$	$\checkmark$
	Personal Care Assistance (PCA), Home Care Nursing (HCN) services and disability waiver benefits for those who qualify. Paid by the state.	<b>✓</b>	<b>✓</b>
	Care navigation to keep all support resources working together	<b>√</b>	_
	Care coordination for members with complex health needs	$\checkmark$	_
	<b>Keep Your Coverage team,</b> which helps members with Medicaid renewal paperwork	<b>✓</b>	_
	Nurse Line	<b>√</b>	_
	<b>Earn rewards</b> for completing certain preventive screenings, tests or exams	<b>✓</b>	_
Additional coverage	<b>Transportation at no added cost</b> to medical, dental and pharmacy appointments	<b>✓</b>	<b>✓</b>
	<b>Up to a \$15 discount</b> on most community education classes in Minnesota (limits apply)	<b>✓</b>	_
	<b>Dental care coordination</b> — help with finding a dentist and arranging appointments, including access to UCare's Mobile Dental Clinic	<b>✓</b>	_
Fitness and nutritional support	One Pass fitness program with access to participating fitness locations nationwide, online classes, at home fitness kits, brain training, no-cost social events, activities and more	<b>√</b>	_
	<b>Weekly grocery discounts</b> at participating stores. Discounts are pre-loaded onto your UCare Healthy Benefits+ Visa® card.	<b>✓</b>	_
	Connect to Wellness Kits with at-home activities including fitness, stress relief, sleep aid, dental and smart home device	<b>✓</b>	_

<sup>\*</sup>If you have Medicare, you must continue to pay your Part B premium unless it is paid by the state.



# Two easy ways to enroll in UCare Connect



## Mail

Fill in the UCare Connect enrollment form provided in this booklet. Then mail it in the postage-paid envelope.



## **Online**

Visit **ucare.org/connect.** Click the "Enroll now" link. Complete and submit the online enrollment form.

# Notes

## 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။ ဤတွရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

កំណត់សំគាល្ល់ ។ 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.

ပာ်သူဉ်ဟ်သးဘဉ်တက္၊ ဖဲနမ္၊်လိဉ်ဘဉ်တ၊မၤစၢၤကလီလ၊တ၊်ကကျိးထံဝဲ¢ဉ်လံ၁် တီလံ၁်မီတခါအံၤန္ဉာ,ကိးဘဉ် လီတဲစိနီါဂံ၊လ၊ထးအံၤန္ဉ်ာတက္၊

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

້ ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອ ໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣ ໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

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:

racecolor

national origin

creedreligion

sexual orientationpublic 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 experiencemedical 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:

racecolor

agedisability

 religion (in some cases)

national origin

• sex

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

#### Minnesota Department of Human Rights (MDHR)

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

race
 public assistance

colornational originsexsexual orientationdisability

religionmarital 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 OHS 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



500 Stinson Blvd Minneapolis, MN 55413 612-676-3554 | 1-800-707-1711 | TTY 1-800-688-2534 ucare.org