

UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) offered by UCare Minnesota

D-SNP Annual Notice of Changes for 2024

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules, please review the *Member Handbook*, which is located on our website at ucare.org/formembers. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call Customer Service at the numbers at the bottom of the page. This call is free.
- 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 numbers at the bottom of the page.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. Someone that speaks your language can help you. This is a free service.

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If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit ucare.org.

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:

- 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

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 (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.

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **612-676-3200/1-800-203-7225**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **612-676-3200/1-800-203-7225**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **612-676-3200/1-800-203-7225**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **612-676-3200/1-800-203-7225**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **612-676-3200/1-800-203-7225**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **612-676-3200/1-800-203-7225**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **612-676-3200/1-800-203-7225** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **612-676-3200/1-800-203-7225**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **612-676-3200/1-800-203-7225** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **612-676-3200/1-800-203-7225**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **612-676-3200/1-800-203-7225**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **612-676-3200/1-800-203-7225** र फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **612-676-3200/1-800-203-7225**. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **612-676-3200/1-800-203-7225**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **612-676-3200/1-800-203-7225**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **612-676-3200/1-800-203-7225**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**612-676-3200/1-800-203-7225** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](https://www.ucare.org).

A. Disclaimers

- UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO depends on contract renewal.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information call Customer Service or read the *Member Handbook*.

B. Reviewing your Medicare and Medical Assistance coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medical Assistance programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**, how to choose a plan,
- Medical Assistance and options and services in **Section F2**.
- If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance services if our MSC+ plan is offered in your county.
 - You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's Minnesota Senior Health Options (MSHO) enrollment.
 - If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county.



If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](https://www.ucare.org).

B1. Information about UCare's MSHO

- UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) is a health plan that contracts with both Medicare and Medical Assistance to provide benefits of both programs to members.
- Coverage under UCare's MSHO is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means UCare's MSHO.

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they will work for you next year.
 - Refer to **Section D1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.



If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit ucare.org.

- Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with UCare's MSHO:	If you decide to change plans:
If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in UCare's MSHO.	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to Section F2 for more information). If you enroll in a new plan, you will get a notice of when your new coverage will begin. Refer to Section F2 to learn more about your choices.

C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2024.

Please review the 2024 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at ucare.org/searchnetwork. You may also call Customer Service at the numbers at



If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit ucare.org.

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the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.



If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](https://www.ucare.org).

D. Changes to benefits and costs for next year

D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2023 (this year)	2024 (next year)
Acupuncture	Supplemental acupuncture visits are not covered.	You may get up to 12 additional acupuncture visits per year for acute low back pain.
Chiropractic services	Supplemental chiropractic visits are not covered.	Up to 12 routine chiropractic visits per year, including exams and extremity adjustments for members with musculoskeletal disorders.
Companion services	You pay a \$0 copay for Companion services.	Companion Services not covered.
Health and wellness education programs	Mask and Sanitizer Kit is covered.	Mask and Sanitizer Kit is not covered. Face masks and sanitizer available under the OTC allowance.
Health and wellness education programs	WW (formerly Weight Watchers) vouchers for local and virtual WW weight management and wellness workshops and online apps are covered.	WW (formerly Weight Watchers) vouchers for local and virtual WW weight management and wellness workshops and online apps are not covered.
This section is continued on the next page		



If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](https://www.ucare.org).

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	2023 (this year)	2024 (next year)
Help with certain chronic conditions	Activity Tracker plus Personal Emergency Response System (PERS) device with 24/7 call-for-help, step and heart rate tracking and built-in GPS. One activity tracker every two years.	Activity Tracker plus Personal Emergency Response System (PERS) device with 24/7 call-for-help, step and heart rate tracking and built-in GPS. One activity tracker every year .
Help with certain chronic conditions	Blood pressure monitor for members who have a hypertension diagnosis and use the Activity Tracker plus Personal Emergency Response System (PERS). One monitor every two years.	Blood pressure monitor for members who have a hypertension diagnosis and use the Activity Tracker plus Personal Emergency Response System (PERS). One monitor every year .
Help with certain chronic conditions	GrandPad - an electronic tablet for members with a depression diagnosis. One tablet every two years.	GrandPad - an electronic tablet for members with a depression diagnosis. One tablet every year .
Help with certain chronic conditions	Individualized Home Supports with training (IHS) is covered.	Individualized Home Support with training (IHS) is not covered.
Help with certain chronic conditions	Therapeutic massage is not covered.	Up to 6 therapeutic massage visits per year for members with back pain, neck and shoulder pain, headache, carpal tunnel syndrome, osteoarthritis, fibromyalgia.
This section is continued on the next page		

? **If you have questions**, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit ucare.org.

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	2023 (this year)	2024 (next year)
Help with certain chronic conditions	Utilities Allowance is not covered.	\$50 monthly Utility Allowance to pay for your household utility bills. For members with hypertension, diabetes, congestive heart failure or ischemic heart disease.
Over-the-Counter (OTC) allowance	Over-the-Counter (OTC) allowance is not covered.	\$60 quarterly Over-the-Counter (OTC) Allowance for purchase of select catalog OTC items online or over the phone.
Support for Caregivers	Caregiver support is available for caregivers of members with certain specific diagnoses.	Caregiver support is available to caregivers of all members.
Support for Caregivers	Up to eight hours of respite care per month for members with dementia who do not have access to coverage through Medical Assistance is covered.	Up to eight hours of respite care per month for members with dementia who do not have access to coverage through Medical Assistance is not covered.
Transportation services	Healthy Food Allowance Rides are not covered.	Up to one ride per week to participating Healthy Food Allowance grocery store sites for members with Congestive Heart Failure, diabetes, hypertension, ischemic heart disease.
This section is continued on the next page		

? **If you have questions**, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit ucare.org.

	2023 (this year)	2024 (next year)
Transportation services	Up to three round-trip rides per week to WW weight management and wellness workshops is covered.	Up to three round-trip rides per week to WW weight management and wellness workshops not covered.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at ucare.org/dsnp-druglist. You may also call Customer Service at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our Drug List, which could include removing or adding drugs, or changing 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 find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Customer Service at the numbers at the bottom of the page or contact your Care Coordinator to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary supply** of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.



If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit ucare.org.

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If you fill your prescription within the first 90 days of the calendar year and discover it is no longer on the Drug List, in most cases you can obtain a transition fill. After the transition fill, you will receive a letter about your options including speaking with your physician about changing drugs or how to request an exception.

Utilization management exceptions are assigned for a given timeframe at the time of authorization. You should contact Customer Service to learn what you or your provider would need to do to get coverage for the drug once the exception has expired.

Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under our plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2024. You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches \$8,000. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you will pay for prescription drugs.

D3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

We moved some of the drugs on our Drug List to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our Drug List.

The following table shows your costs for drugs in each of our drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.



If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](https://www.ucare.org).

UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) ANNUAL NOTICE OF CHANGES for 2024

	2023 (this year)	2024 (next year)
<p>Drugs in Tier 1 – Generic (Covered generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 - Generic Drugs that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0/\$1.45/\$4.15 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0/\$1.55/\$4.50 per prescription.</p>
<p>Drugs in Tier 1 – Brand (Covered brand drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 - Brand Drugs that is filled at network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0/\$4.30/\$10.35 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0/\$4.60/\$11.20 per prescription.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$8,000. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for prescription drugs.

D4. Stage 2: "Catastrophic Coverage Stage"

When you reach the out-of-pocket limit of **\$8,000** for your prescription drugs, the Catastrophic Coverage Stage begins. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

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E. Administrative changes

On January 1, 2024, we are changing the company we use to administer your prescription benefits. Navitus Health Solutions will be our new pharmacy benefit manager partner. While we expect most members will experience little impact, there are some things to know. When you visit the pharmacy in 2024, simply show them your new ID card. Your new card includes Navitus Health Solutions pharmacy information. We will reach out to you with more details if you are impacted by the change. We are here to help if you have any questions or need support. You can contact UCare Customer Service or go to www.navitus.com for more information about the change to Navitus Health Solutions as our pharmacy benefit manager.

Description	2023 (this year)	2024 (next year)
How you get your grocery discounts	You get grocery discounts on pre-qualified healthy foods. Many weekly specials are pre-loaded into your Healthy Savings card.	You get grocery discounts on pre-qualified healthy foods. Many weekly specials are pre-loaded into your UCare Healthy Benefits+ Visa® card
Pharmacy Benefit Manager	Express Scripts administers prescription drug benefits on behalf of UCare.	Navitus will administer prescription drug benefits on behalf of UCare.
Using mail order pharmacy to fill prescriptions	Call Express Scripts Mail Order Pharmacy at 1-877-567-6320. You may also login to www.express-scripts.com .	Set up an online account with Costco Mail Order Pharmacy. Go to pharmacy.costco.com , click “Get Started” to set up an online account. You may also call Costco’s customer service team at 1-800-607-6861, or TTY 711. You do not need to be a member of Costco to use the mail order service.



If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit ucare.org.

F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2024.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medical Assistance, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medical Assistance or Extra Help changed, **or**
- if you recently moved into, currently are getting care in, or just moved out of a nursing facility or a long-term care hospital.



If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](https://www.ucare.org).

Your Medicare Services

You have three options for getting your Medicare services. By choosing one of these options, you automatically end your membership in our plan.

<p>1. You can change to: Another Medicare health plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). For more information or to find a local Senior LinkAge Line® office in your area, please visit https://mn.gov/senior-linkage-line/ <p>OR</p> <ul style="list-style-type: none">• Enroll in a new Medicare plan. <p>You will automatically be disenrolled from our plan when your new plan's coverage begins.</p> <p>If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical</p>
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UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) ANNUAL NOTICE OF CHANGES for 2024

	<p>spenddown and you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance services.</p>
<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan and stay with the current Medical Assistance services.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). For more information or to find a local Senior LinkAge Line® office in your area, please visit https://mn.gov/senior-linkage-line/ <p>OR</p> <ul style="list-style-type: none"> • Enroll in a new Medicare prescription drug plan. <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is</p>

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	<p>available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance services.</p>
<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan and stay with the current Medical Assistance services.</p> <p>NOTE: 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 tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). For more information or to find a local Senior LinkAge Line® office in your area, please visit https://mn.gov/senior-linkage-line/</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). For more information or to find a local Senior LinkAge Line® office in your area, please visit https://mn.gov/senior-linkage-line/ <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your</p>

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G. Getting help

G1. Our plan

We're here to help if you have any questions. Call Customer Service at the numbers at the bottom of the page during the days and hours of operation listed. These call are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2024. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2024 will be available by October 15. You can also review the *Member Handbook* to find out if other benefit or cost changes affect you. An up-to-date copy of the *Member Handbook* is available on our website at ucare.org/formembers. You may also call Customer Service at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2024.

Our website

You can visit our website at ucare.org/formembers. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

G2. Senior LinkAge Line®

You can also call the SHIP. In Minnesota, the SHIP is called the Senior LinkAge Line®. Senior LinkAge Line® can help you understand your plan choices and answer questions about switching plans. The Senior LinkAge Line® is not connected with us or with any insurance company or health plan. The Senior LinkAge Line® has trained counselors in every location and services are free. The Senior LinkAge Line® phone number is 1-800-333-2433 (TTY users call



If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit ucare.org.

711 or use your preferred relay service). These calls are free. For more information or to find a local Senior LinkAge Line® office in your area, please visit <https://mn.gov/senior-linkage-line/>.

G3. Ombudsperson for Public Managed Health Care Programs

The Ombudsperson for Public Managed Health Care Programs is an ombudsperson program that can help you if you are having a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is 1-651-431-2660 (Twin Cities metro area); 1-800-657-3729 (outside the Twin Cities metro area). TTY users call 711 or use your preferred relay service.

G4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2024

You can read the *Medicare & You 2024* handbook. Every year in the 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (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.



If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit ucare.org.

G5. Medical Assistance

Minnesota's office of Medical Assistance is the Department of Human Services. Call 1-800-657-3739 (outside Twin Cities metro area) or 1-651-431-2670 (Twin Cities metro area). TTY users should call 1-800-627-3429 or 711 or use your preferred relay service.



If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](https://www.ucare.org).



500 Stinson Blvd. NE

Minneapolis, MN 55413-2615

612-676-6868 or 1-866-280-7202 (this call is free)

TTY: 612-676-6810 or 1-800-688-2534 (this call is free)

8 am – 8 pm, seven days a week

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