

2024 Summary of Benefits

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



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

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

သတိ။ ဤစွာရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意,如果您需要免費協助傳譯這份文件,請撥打上面的電話號碼。

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

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက္i်၊ ဖဲနမ့်၊လိဉ်ဘဉ်တာ်မၤစၢၤကလီလၢတာ်ကကိုးထံဝဲဒဉ်လံဉ် တီလံဉ်မီတခါအံၤန္ဉာ်ကိုးဘဉ် လီတဲစိနို၊်ဂံ၊လၢထးအံၤန္ဉ်ာတက္i်

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion

status

sexual orientationpublic assistance

- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and
 - genderidentity)
- 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

• age

• color

disability

• 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 MDHR if you have been discriminated against because of any of the following:

• race

• creed

• color

religion

- creed
 sex
- national origin

- 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)

religion (in some cases)

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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-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 quí vị cần thông dịch viên xin gọi **612-676-3200/1-800-203-7225** sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 답해 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.

Form CMS-10802 (Expires 12/31/25) **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 7225-203-800-676-612. 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 Italianovi 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ございます。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。

Form CMS-10802 (Expires 12/31/25)

Introduction

This document is a brief summary of the benefits and services covered by UCare's MSHO. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UCare's MSHO. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers



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This is a summary of health services covered by UCare's MSHO for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can view the *Member Handbook* on our website at **ucare.org/formembers**. If you would like a print copy, call UCare's MSHO Customer Service at the number at the bottom of this page.

- 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.
- For information about choice counseling services, call the Minnesota Department of Human Services Health Care Consumer Support (HCCS) line at 1-651-297-3862 or 1-800-657-3672.
- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (<u>www.medicare.gov</u>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Service at the number at the bottom of this page. The 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 number at the bottom of this page.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

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| n is part of the Minnesota Senior Health Options) program. This program was designed by the ota Department of Human Services (DHS) to special care for seniors age 65 and over. Our plan es your Medicare and Medical Assistance services. Ines your doctors, hospital, pharmacies, home rsing home care, and other health care providers coordinated care system. It also has care ators to help you manage all your providers and . They all work together to provide the care you HO program is called UCare's MSHO. |
|--|
| |
| ce benefits directly from UCare's MSHO. You k with a team of providers who will help ne what services will best meet your needs. This hat some of the services you get now may change n your needs, and your doctor and care team ent. You may also get other benefits outside of alth plan the same way you do now, directly from source, such as the State, county, Federal hent, or Tribal nation. |
| ou enroll in UCare's MSHO, you and your care Il work together to develop an Individualized in to address your health and support needs, g your personal preferences and goals. re taking any Medicare Part D prescription drugs are's MSHO does not normally cover, you can get |
| il an |

If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) 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. **For more information,** visit **ucare.org.**

| Frequently Asked Questions | Answers | |
|--|---|--|
| (table continued from previous page) | | |
| | another drug or get an exception for UCare's MSHO to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page. | |
| Can I go to the same doctors I use now? | This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies and other health care providers) work with UCare's MSHO and have a contract with us, you can keep going to them. | |
| | Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in UCare's MSHO's network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. | |
| | • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UCare's MSHO's network. You may also use out-of-network providers for open access services and in cases when UCare's MSHO authorizes the use of out-of-network providers. | |
| | • If you are currently under treatment with a provider that is out of UCare's MSHO's network, or have an established relationship with a provider that is out of UCare's MSHO's network, call Customer Service to check about staying connected. | |
| | To find out if your providers are in the plan's network, call Customer Service at the numbers listed at the bottom of this page or read UCare's MSHO's <i>Provider and</i> | |
| (table continued on the next page) | | |

| Frequently Asked Questions | Answers | | |
|--|--|--|--|
| (table continued from previous page) | | | |
| | <i>Pharmacy Directory</i> on the plan's website at ucare.org / searchnetwork. | | |
| | If UCare's MSHO is new for you, we will work with you to develop an Individualized Care Plan to address your needs. | | |
| What is a UCare's MSHO care coordinator? | A UCare's MSHO care coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need, including the following: | | |
| | • Assisting you in arranging for, getting and coordinating assessments, tests, and health and long-term care supports and services | | |
| | • Working with you to develop and update your care plan | | |
| | • Supporting you and communicating with a variety of agencies and persons | | |
| | • Coordinating other services as outlined in your care plan | | |
| | Helping you coordinate Durable Medical Equipment needs with your providers and equipment suppliers | | |
| | Transportation arrangements | | |
| | Scheduling appointments | | |
| | • Discharge planning if hospitalized or requiring a higher level of care | | |
| | Referrals to UCare's Disease Management programs | | |
| | Referrals to community resources | | |

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If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) 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. For more information, visit ucare.org.

| Frequently Asked Questions | Answers |
|---|--|
| (table continued from previous page) | |
| | Assistance with medication refillsArranging services in your home |
| What are Long-term Services and Supports? | Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency. |
| What happens if I need a service but no one in UCare's MSHO's network can provide it? | Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UCare's MSHO will pay for the cost of an out-of-network provider. A prior authorization may be required before getting services from out-of-network providers. |
| (table continued on the next page) | |

| Frequently Asked Questions | Answers | | |
|--------------------------------------|--|--|--|
| (table continued from previous page) | | | |
| Where is UCare's MSHO available? | The service area for this plan includes these Minnesota counties: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, 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, Wabasha, Wadena, Washington, Watonwan, Winona, Wright, and Yellow Medicine. You must live in one of these counties to join the plan. | | |
| What is prior authorization? | Prior authorization means an approval from UCare's MSHO to get services outside of our network or to get services not routinely covered by our network before you get the services. UCare's MSHO may not cover the service, procedure, item, or drug if you don't get prior authorization. | | |
| | If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. UCare's MSHO can provide you or your provider with a list of services or procedures that require you to get prior authorization from UCare's MSHO before the service is provided. | | |
| | Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization. | | |
| (table continued on the next page) | <u> </u> | | |

If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) 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. **For more information**, visit **ucare.org**.

| Frequently Asked Questions | Answers |
|---|---|
| (table continued from previous page) | |
| | If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service at the numbers listed at the bottom of this page for help. |
| Do I pay a monthly amount (also called a premium) under UCare's MSHO? | No. Because you have Medical Assistance you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage. |
| Do I pay a deductible as a member of UCare's MSHO? | No. You do not pay deductibles in UCare's MSHO. |
| What is the maximum out-of-pocket amount that I will pay for medical services as a member of UCare's MSHO? | There is no cost sharing for medical services in UCare's MSHO, so your annual out-of-pocket costs will be \$0. |
| Do I have a coverage gap for drugs? | No. Because you have Medical Assistance, you will not have a coverage gap stage for your drugs. |

C. List of covered services

?

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---------------------------|---|---|---|
| You need hospital care | Inpatient hospital stay | \$0 | Except in an emergency, your health care provider must tell the plan of your hospital admission. |
| | Outpatient hospital services, including observation | \$0 | |
| | Ambulatory surgical center (ASC) services | \$0 | |
| | Doctor or surgeon care | \$0 | |
| You want a doctor | Visits to treat an injury or illness | \$0 | |
| | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | \$0 | |
| | Wellness visits, such as a physical | \$0 | |
| | "Welcome to Medicare" preventive visit (one time only) | \$0 | |
| | Specialist care | \$0 | |

If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) 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. **For more information**, visit **ucare.org**.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|----------------------------|--------------------------|---|---|
| You need emergency care | Emergency room services | \$0 | You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories. Contact the plan for details. |
| | Urgent care | \$0 | Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services are NOT covered outside the U.S. and its territories. Contact the plan for details. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|--|---|--|
| You need medical tests | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$0 | |
| | Lab tests and diagnostic procedures, such as blood work | \$0 | |
| You need | Hearing screenings | \$0 | |
| hearing/auditory services | Hearing aids | \$0 | |
| You need dental care (continued on the next page) | Dental check-ups and preventive care | \$0 | UCare Dental Connection 651-768-1415 or 1-855-648-1415 (this call is free), TTY: 711 7 am – 7 pm, Monday – Friday You can also call Customer Service at the number at the bottom of this page. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|-------------------------------------|---------------------------------------|---|--|
| You need dental care (continued) | | | Mobile Dental Clinic Appointments 1-866-451-1555 (this call is free) TTY: 1-800-627-3529 (this call is free) 8 am – 4:30 pm, Monday – Friday www.ucare.org/mdc Dental Care for U • Two porcelain or porcelain fused to high noble metal crowns per year • One crown repair per year • One electric toothbrush every three years • One package of two electric toothbrush replacement heads per calendar year |
| | Restorative and emergency dental care | \$0 | |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|--|--|---|---|
| You need eye care | Eye exams | \$0 | |
| | Glasses or contact lenses | \$0 | Selection may be limited. One pair of eyeglasses or contact lenses after each cataract surgery, or contact lenses for certain conditions when eyeglasses will not work Anti-glare lens coating, once per year Photochromic ("transition") lens tinting, once per year Progressive (no-line) lenses, once per year |
| | Other vision care | \$0 | |
| You need mental health services | Mental health services | \$0 | State eligibility requirements may apply. Prior authorization may apply. |
| | Inpatient and outpatient care and community-based services for people who need mental health services | \$0 | State eligibility requirements may apply. |
| You need substance use disorder services | Substance use disorder services | \$0 | |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|---|---|---|
| You need a place to live with people available | Customized Living (services provided in an assisted living setting) | \$0 | State eligibility requirements may apply. |
| to help you | Skilled nursing care | \$0 | Medically necessary skilled nursing care is covered. Prior authorization may be required. |
| | Nursing home care | \$0 | Prior authorization may be required. |
| | Adult Foster Care and Group Adult Foster Care | \$0 | State eligibility requirements may apply. |
| You need therapy after a stroke or accident | Occupational, physical or speech therapy | \$0 | There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits. Prior authorization may be required. |
| You need help getting to health services (continued on the next page) | Ambulance services | \$0 | Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network. |
| | Emergency transportation | \$0 | |

If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) 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. **For more information**, visit **ucare.org**.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|---|---|---|
| You need help getting to health services (continued) | Transportation to medical appointments and services | \$0 | UCare's MSHO is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home. |
| | | | UCare's MSHO is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home. |
| | | | Call Customer Service if you do not have a primary care clinic that is available within 30 miles of your home and/or if it is over 60 miles to your specialty provider. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|--|---|---|
| You need help getting to health services (continued) | Transportation to other health services | \$0 | Up to three round-trip rides per week to a participating health club, covered evidence-based health education class Transportation to Alcoholics Anonymous and/or Narcotics Anonymous meetings for members assessed as having a substance use disorder. Up to one round trip ride per day (requires authorization) |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|--|---|---|--|
| You need drugs to treat your illness or condition (continued on the next page) | Medicare Part B prescription drugs | \$0 | Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Some Medicare Part B drugs may need prior authorization or have step therapy requirements. |
| | Tier 1 generic drugs (no brand name) | \$0/\$1.55/\$4.50 for a 30-day supply. | There may be limitations on the types of drugs covered. Please refer to UCare's MSHO's <i>List of</i> <i>Covered Drugs</i> (Drug List) for more information. UCare's MSHO may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|--|--------------------------|---|--|
| You need drugs to treat your illness or condition (continued) | | | (rules about benefits) Your provider must get prior authorization from UCare's MSHO for certain drugs. You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Plan Finder on www.medicare.gov. |
| | | | Once you or others on your behalf pay \$8,000, you have reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member</i> <i>Handbook</i> for more information on this stage. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|--|--------------------------|---|--|
| You need drugs to treat your illness or condition (continued) | | | Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered</i> <i>Drugs</i> (Drug List). Our plan covers most Part D vaccines at no cost to you. For some drugs, you can get a long-term supply (also called an "extended supply") when you fill your prescription. A long-term supply is up to a 90-day supply. It costs you the same as a one-month supply and is available at most retail pharmacy locations or mail order pharmacies. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|--|--------------------------|---|--|
| You need drugs to treat your illness or condition (continued) | Tier 1 brand name drugs | \$0/\$4.60/\$11.20 for a 30-day supply. | There may be limitations on the types of drugs covered. Please refer to UCare's MSHO's <i>List of Covered</i> <i>Drugs</i> (Drug List) for more information. UCare's MSHO may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from UCare's MSHO for certain drugs. You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|--|---------------------------------|---|---|
| You need drugs to treat your illness or condition (continued) | | | These drugs are listed on the plan's website, <i>List of</i> <i>Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Plan Finder on <u>www.medicare.gov</u> . |
| | | | For some drugs, you can get a long-term supply (also called an "extended supply") when you fill your prescription. A long-term supply is up to a 90-day supply. It costs you the same as a one-month supply and is available at most retail pharmacy locations or mail order pharmacies. |
| | Over-the-counter (OTC) drugs | \$0 | There may be limitations on the types of drugs covered. Please refer to UCare's MSHO's <i>List of Covered</i> <i>Drugs</i> (Drug List) for more information. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|--|--|--|---|
| You need drugs to treat your illness or condition (continued) | Diabetes medications | \$0/\$1.55/\$4.50 or \$0/\$4.60/\$11.20 for a 30-day supply. When you reach the out-of-pocket limit of \$8,000 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0. | There may be limitations on the types of drugs covered. Please refer to UCare's MSHO's <i>List of Covered</i> <i>Drugs</i> (Drug List) at ucare.org/dsnp-druglist for more information. UCare's MSHO may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from UCare's MSHO for certain drugs. |
| You need help getting better or have special health needs | Rehabilitation services Medical equipment for | \$0 \$0 | Prior authorization may be required. Medically necessary rehabilitation services are covered. Prior authorization may |
| | home care Dialysis services | \$0 | be required. |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|------------------------------------|---|---|
| You need foot care | Podiatry services | \$0 | Podiatry visits are for medically necessary foot care. Routine foot care (not related to a specific diagnosis already covered by Medicare) limited to one visit per month. |
| | Orthotic services | \$0 | |
| You need durable medical equipment | Wheelchairs, crutches, and walkers | \$0 | Prior authorization may be required. |
| (DME) Note: This is not a | Nebulizers | \$0 | Prior authorization may be required. |
| complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the <i>Member</i> <i>Handbook</i> . | Oxygen equipment and supplies | \$0 | Prior authorization may be required. |
| You need help living at home (continued on the next page) | Home care services | \$0 | State eligibility requirements may apply. |
| | Personal care assistance | \$0 | State eligibility requirements may apply. Prior authorization may be required. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|--|---|---|---|
| You need help living at home (continued) | Changes to your home, such as ramps and wheelchair access | \$0 | State eligibility requirements may apply. Prior authorization may be required. |
| | Home services, such as cleaning or housekeeping | \$0 | State eligibility requirements may apply. |
| | Meals brought to your home | \$0 | State eligibility requirements may apply. |
| | Adult day services or other support services | \$0 | State eligibility requirements may apply. |
| | Services to help you live on your own | \$0 | State eligibility requirements may apply. |
| Your caregiver needs some time off | Respite care | \$0 | State eligibility requirements may apply. |
| You need interpreter services | Spoken language interpreter | \$0 | |
| | Sign language interpreter | \$0 | |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---------------------------|---|---|---|
| Additional services | 24/7 Nurse line | \$0 | |
| (continued on the | Acupuncture | \$0 | |
| next page) | Care coordination | \$0 | |
| | Chiropractic services | \$0 | Prior authorization may be required. |
| | Diabetes supplies and services | \$0 | There are limitations on the test strips and meters covered. Please see UCare's MSHO's <i>List of</i> <i>Covered Drugs</i> (Drug List) for more information. |
| | Family planning | \$0 | |
| | Housing stabilization services | \$0 | State eligibility requirements may apply. |
| | Prosthetic services | \$0 | |
| | Radiation therapy | \$0 | |
| | Services to help manage your disease | \$0 | |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---------------------------------------|------------------------------------|---|--|
| Additional services (continued) | Quit Smoking and Vaping Program | \$0 | Learn how to stop smoking, vaping or chewing tobacco. UCare members can get help at no charge to quit through the Tobacco and Nicotine Quit Line. Nicotine patches, gum or lozenges are also available to eligible members. Get help to kick the habit from the comfort of your own home: Call the Tobacco and Nicotine Quit Line 1-855-260-9713 (this call is free); TTY 711, 24 hours a day, seven days a week Visit myquitforlife.com/u care Download the Rally Coach Quit For Life mobile app. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|--|---|--|
| Additional services: Safety/In-Home Assistance | Bath and home safety items | \$0 | \$750 annual benefit for bath and home safety items for members who live in the community and do not have access to coverage through Medicaid (Medical Assistance). |
| | Personal Emergency Response System (PERS) | \$0 | PERS for members with a history/risk of falls who do not meet nursing home level of care (requires authorization). |
| Additional services: Post-discharge support (continued on the next page) | Post-discharge meals | \$0 | Two meals a day for up to four weeks following a discharge from an inpatient hospital stay for members not eligible for meal benefits through Elderly Waiver. |
| | Post-discharge medication reconciliation | \$0 | Medication reconciliation provided by a pharmacist after discharge from an inpatient facility. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|--|---|--|
| Additional services: Post-discharge support (continued) | Lutheran Social Services Healthy Transitions Program | \$0 | Individualized support, education and resources from a specially trained and certified Community Health Worker (CHW) who provides a series of 4 touch point visits (2 in-home and 2 telephone) during the first critical 30 days after discharge from a hospital or short-term rehabilitation center. CHW collaborates with your MSHO care coordinator and you to ensure that all needs are being met. To learn more and check if you are eligible, contact your MSHO care coordinator. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|--------------------------|---|---|
| Additional services: Fitness/Health Maintenance (continued on the next page) | One Pass | \$0 | Access to more than 24,000 participating fitness locations nationwide Thousands of on-demand and livestreaming fitness classes Workout builders to create your own workouts and walk you through each exercise Home fitness kits available to members who are physically unable to visit or who reside at least 15 miles outside a participating fitness location Personalized, online brain training program to help improve memory, attention and focus Social activities, community classes, and events available for online or in-person participation |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|---|---|---|
| Additional services: Fitness/Health Maintenance (continued) | | | Find participating locations near you at <u>ucare.org/onepass</u> or call 1-877-504-6830 (this call is free) or for TTY access, use 711 (this call is free), 8 am – 9 pm, Monday – Friday. |
| | Activity Tracker plus Personal Emergency Response System (PERS) device | \$0 | One watch every year for members in the community. |
| | Strong and Stable Kit | \$0 | Kit to increase balance and prevent falls. Contact your care coordinator to order. |
| | Over-the-counter (OTC) allowance | \$0 | \$60 quarterly Over-the-Counter (OTC) Allowance for purchase of select catalog OTC items online or over the phone. |
| | Medication ToolKit | \$0 | One Medication Toolkit per year to help make taking your medication easier. Contact your care coordinator to order. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|--------------------------|---|---|
| Additional services: Fitness/Health Maintenance (continued) | Community Education | \$0 | Members get up to a \$15 discount on most community education classes in Minnesota. Check a local community education catalog or contact the local school district for class times and locations. To get your discount, simply show your UCare member ID card when enrolling in a class. Your plan includes unlimited yearly discounts (one per class enrollment). |
| | Rewards and Incentives | \$0 | Earn rewards for completing certain preventative screenings, tests or exams. Go to ucare.org/rewards or log in or create an online member account at member.ucare.org . Go to Health & Wellness, then Wellness, Rewards & Allowance to see what you may be eligible for. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|------------------------------------|---|--|
| Additional services: Fitness/Health Maintenance (continued) | Grocery Discounts | \$0 | Members receive grocery discounts on pre-qualified healthy foods. This includes items such as milk, whole-grain bread, lean meat, eggs, yogurt, fruits, vegetables and more. Weekly discounts are pre-loaded onto your UCare Health Plan Healthy Benefits+ Visa [®] card. To learn more and request a card visit <u>HealthyBenefitsPlus.com/</u> <u>ucare</u> or call 1-833-862-8276 (TTY 711). |
| Additional services: Caregiver Support | Caregiver support | \$0 | Caregiver support is available to caregivers of all members. |
| | Memory support kit | \$0 | One memory support kit per year for members with dementia. |
| Additional services: Chronic Condition Support (continued on the next page) | Additional Acupuncture | \$0 | Up to 12 additional visits of acupuncture per year for members with acute low back pain. |
| | Additional Routine Chiropractic | \$0 | Up to 12 visits per year for members with muskoskeletal disorders. Includes exams and adjustment of extremities. |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|--------------------------|---|--|
| Additional services: Chronic Condition Support (continued) | Grandpad | \$0 | An electronic tablet for members with a depression diagnosis. Grandpad has been specially designed to help members stay connected with caregivers, family and more to reduce the impact of social isolation. Contact your care coordinator or Customer Service to check if you are eligible. |
| | Blood pressure monitor | \$0 | One blood pressure cuff for activity tracker users every year with a hypertension diagnosis. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|--------------------------|---|---|
| Additional services: Chronic Condition Support (continued) | Stress and Anxiety Kit | \$0 | Each kit includes engaging tools to help members living with stress or anxiety. Members may choose one |
| | | | of the following kit options: • Sleep Aid Kit • Stress Relief Kit • Smart Home device |
| | | | To order a kit, log in or create an online member account at member.ucare.org . Go to Health & Wellness, then Wellness, Rewards & Allowance to place your order. You can also call Customer Service at the number on the back of your member ID card to order by phone. Or, ask your MSHO care coordinator to order a kit for you. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|---|---|---|
| Additional services: Chronic Condition Support (continued) | Juniper [®] health and wellness classes | \$0 | Classes are led by certified instructors/coaches to provide education, skills, and strategies to prevent falls and promote self-management of chronic conditions, including diabetes and chronic pain. Learn more by talking with your MSHO care coordinator. |
| | Healthy Food Allowance | \$0 | \$60 monthly allowance for purchase of healthy foods and produce at participating stores for members with Congestive Heart Failure (CHF), Ischemic Heart Disease (IHD), hypertension or diabetes. |
| | Healthy Food Allowance Rides | \$0 | Up to one ride per week to participating Healthy Food Allowance grocery stores for members with Congestive Heart Failure, diabetes, hypertension, ischemic heart disease. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions and benefit information (rules about benefits) |
|---|--------------------------|---|--|
| Additional services: Chronic Condition Support (continued) | Therapeutic Massage | \$0 | Up to 6 therapeutic massage visits per year for members with back pain, neck and shoulder pain, headache, carpal tunnel syndrome, osteoarthritis, fibromyalgia. |
| | Utilities Allowance | \$0 | \$50 monthly Utility Allowance to pay for your household utility bills. For members with hypertension, diabetes, congestive heart failure or ischemic heart disease. |

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the UCare's MSHO *Member Handbook*. If you don't have a Member Handbook, call UCare's MSHO Customer Service at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Customer Service or visit **ucare.org/formembers**.

D. Services covered outside of UCare's MSHO

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There are some services that you can get that are not covered by UCare's MSHO but are covered by Medicare, Medical Assistance, or a State or county agency. This is not a complete list. Call Customer Service at the numbers listed at the bottom of this page to find out about these services.

| Other services covered by Medicare, Medical Assistance, or a State agency | Your costs |
|--|------------|
| Specialty mental health and substance use disorder services, waiver programs, home and community supports, and regional center services | \$0 |
| Some hospice care services | \$0 |
| Except Elderly Waiver services, other waiver services provided under Home and Community-Based Services waivers | \$0 |

E. Services that UCare's MSHO, Medicare, and Medical Assistance do not cover

This is not a complete list. Call Customer Service at the numbers listed at the bottom of this page to find out about other excluded services.

Services UCare's MSHO, Medicare, and Medical Assistance do not cover

Services not considered "reasonable and necessary" according to standards of Medicare and Medical Assistance

Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study

Surgical treatment for morbid obesity except when medically necessary

Elective or voluntary enhancement procedures

Cosmetic surgery or other cosmetic work unless criteria are met

Lasik surgery

If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) 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. **For more information,** visit **ucare.org.**

F. Your rights as a member of the plan

As a member of UCare's MSHO, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- You have a right to respect, fairness, and dignity. This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- You have the right to get information about your health care. This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator
- You have the right to make decisions about your care, including refusing treatment. This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. UCare's MSHO will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive

If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) 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. **For more information**, visit **ucare.org**.

- You have the right to timely access to care that does not have any communication or physical access barriers. This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your health care providers and your health plan
- You have the right to seek emergency and urgent care when you need it. This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- You have a right to confidentiality and privacy. This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- You have the right to make complaints about your covered services or care. This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a State Appeal (Medicaid Fair Hearing with the State)
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call UCare's MSHO Customer Service at the numbers listed at the bottom of this page.

You can also call the Office of the Ombudsperson for Public Managed Health Care Programs at 1-800-657-3729. The call is free.

G. How to file a complaint or appeal a denied service

If you have a complaint or think UCare's MSHO should cover something we denied, call Customer Service at the numbers listed at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Member Handbook*. You can also call UCare's MSHO Customer Service at the numbers listed at the bottom of the page.

- For oral grievances and complaints, call UCare's MSHO Customer Service: 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.
- For oral appeals, call UCare Appeals and Grievances: 612-676-6841 or 1-877-523-1517 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 4:30 pm, Monday – Friday.
- For written appeals, grievances and complaints, mail UCare at: Attn: Appeals and Grievances UCare PO Box 52 Minneapolis, MN 55440-0052
- You can also fax your written appeal, grievance or complaint to UCare at: 612-884-2021 or 1-866-283-8015
- Or email us at: cag@ucare.org

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H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or other pharmacy is doing something wrong, please contact us.

- Call us at UCare's MSHO Customer Service at the phone numbers listed at the bottom of this page.
- Call the UCare's MSHO Fraud Hot Line at 1-877-826-6847 (this call is free), 24 hours a day, seven days a week. TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am 8 pm, seven days a week.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Minnesota Fraud Hotline at 1-800-627-9977. TTY users may call 711. The call is free.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call UCare's MSHO Customer Service:

612-676-6868 or 1-866-280-7202 (this call is free) 8 am – 8 pm, seven days a week

Customer Service also has free language interpreter services available for non-English speakers.

TTY: 612-676-6810 or 1-800-688-2534 (this call is free) 8 am – 8 pm, seven days a week These numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call UCare's 24/7 Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the UCare 24/7 Nurse Line are:

1-800-942-7858 (this call is free) 24 hours a day, seven days a week

UCare's MSHO also has free language interpreter services available for non-English speakers.

TTY: 1-855-307-6976 (this call is free) 24 hours a day, seven days a week

If you need immediate mental health or substance use disorder care, please call the Mental Health and Substance Use Disorder Triage Line:

612-676-6533 or 1-833-276-1185 (this call is free) 8 am – 5 pm, Monday – Friday

UCare's MSHO also has free language interpreter services available for non-English speakers.

TTY: 612-676-6810 or 1-800-688-2534 (this call is free) 8 am – 5 pm, Monday – Friday

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If you have questions, please call UCare's Minnesota Senior Health Options (MSHO) 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. **For more information**, visit **ucare.org**.