2024 Summary of Benefits

UCare Advocate plans

Plans provide enhanced **care coordination** and **on-site provider visits** to improve members' health and quality of life

ucare®

UCare makes it easy to get personalized care where and when you need it most.

Plan members:

- ✓ Have Medicare Part A and Part B
- ✓ Live in a participating facility within the 22-county service area
- ✓ Receive primary care through Bluestone Physician Services, CareChoice, Fairview Partners, Knute Nelson, Genevive or Lifespark Health
- ✓ Require a nursing-home level of care at a participating skilled nursing, assisted living or memory care facility

Have questions? Get answers.

Call a UCare agent today!

1-877-671-1065; TTY 1-800-688-2534
8 am – 8 pm, seven days a week (Oct. 1 – March 31)
8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)

snpsales@ucare.org | ucare.org/advocate

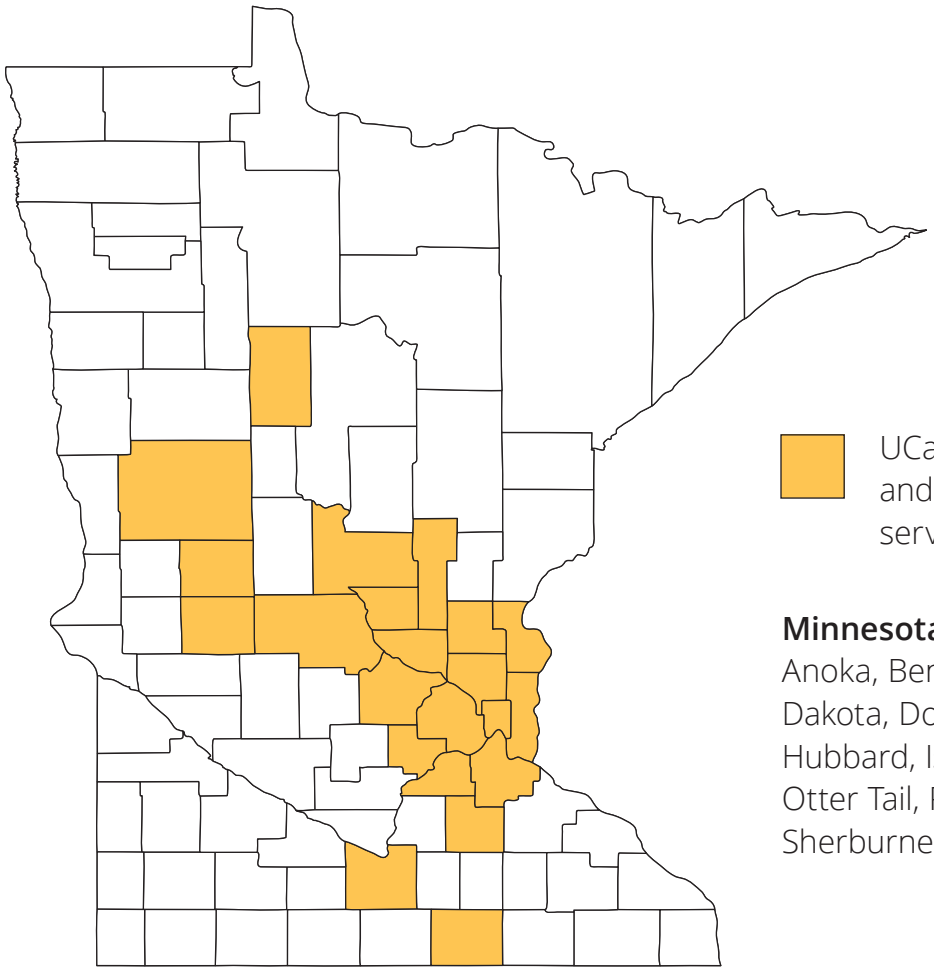
Get more with UCare

UCare Advocate plans offer focused benefits including:

- A team approach to care with a dedicated care coordinator, nurse practitioner and primary care doctor
- Cost-effective premiums, copays and benefits
- Primary care right where you live

If you have Medicare, consider **UCare Advocate Choice** or **UCare Advocate Plus.**

Plan options



UCare Advocate Choice (HMO I-SNP*) and UCare Advocate Plus (HMO I-SNP*) service area

Minnesota counties

Anoka, Benton, Blue Earth, Carver, Chisago, Dakota, Douglas, Freeborn, Hennepin, Hubbard, Isanti, Mille Lacs, Morrison, Otter Tail, Pope, Ramsey, Rice, Scott, Sherburne, Stearns, Washington and Wright

Choose from more than 200 participating facilities including those affiliated with Bluestone Physician Services, CareChoice, Fairview Partners, Knute Nelson, Genevive and Lifespark Health. For a complete list of facilities, visit **ucare.org/advocate.**

You qualify for Medicare if you are 65 or older or meet special criteria, worked for at least 10 years and paid Medicare taxes (or your spouse did), and are a citizen and a permanent resident of the United States. To join a UCare Advocate plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area, shown on the map above.

*HMO I-SNP: Health Maintenance Organization Institutional Special Needs Plans

	UCare Advocate Choice	UCare Advocate Plus
2024 monthly plan premium (you must continue to pay your Medicare Part B premium)	$0	$29
Medicare Part B deductible	$0	$0
Medicare Part D deductible	Tier 1 & 2 = $0 Tiers 3 – 5 = $125	All tiers $0
Maximum out-of-pocket	$4,500	$3,850
Hospital care		
Inpatient hospital	$0 copay days 1 – 5 $275 copay days 6 – 10 $0 copay days 11 – 90 Unlimited hospital coverage	$0 copay days 1 – 5 $250 copay days 6 – 10 $0 copay days 11 – 90 Unlimited hospital coverage
Observation stay	$365 copay per stay for Medicare-covered outpatient hospital observation stay	$265 copay per stay for Medicare-covered outpatient hospital observation stay
Outpatient hospital	$395 copay per stay for each Medicare-covered outpatient hospital service, including outpatient surgery or procedure	$295 copay per stay for each Medicare-covered outpatient hospital service, including outpatient surgery or procedure
Ambulatory Surgery Center	$370 copay for each Medicare-covered outpatient hospital service, including observation, outpatient surgery or procedure	$270 copay for each Medicare-covered outpatient hospital service, including observation, outpatient surgery or procedure
Doctor visits		
Primary care	$0 copay	$0 copay
Specialist	$0 copay in facility where member lives $45 copay outside of facility where member lives	$0 copay in facility where member lives $40 copay outside of facility where member lives

	UCare Advocate Choice	UCare Advocate Plus
Preventive care		
For the next five rows, the $0 copay applies in-network and out-of-network for all plans.		
Routine physical exam	n/a	n/a
"Welcome to Medicare" preventive visit	$0 copay	$0 copay
Annual wellness exam	$0 copay	$0 copay
Immunizations	$0 copay	$0 copay
Mammogram screening, etc.	$0 copay	$0 copay
Emergency / urgent care		
Emergency care	$90 copay for an ER visit (waived if admitted for inpatient hospital stay within 24 hours)	$90 copay for an ER visit (waived if admitted for inpatient hospital stay within 24 hours)
Ambulance	$275 copay	$250 copay
Urgently needed services	$45 copay	$45 copay
Diagnostic services, labs and imaging		
Diagnostic tests and lab work	$0 copay for lab and bloodwork 20% coinsurance for diagnostic tests	$0 copay for lab and bloodwork 20% coinsurance, $75 daily maximum
X-rays, MRIs and CT scans	20% coinsurance	20% coinsurance, $75 daily maximum
Hearing services		
Hearing exams	20% coinsurance for Medicare-covered exams $0 copay for routine exams	20% coinsurance for Medicare-covered exams $0 copay for routine exams
TruHearing® aids	$400 hearing aid allowance $0 copay for unlimited fittings	$550 hearing aid allowance $0 copay for unlimited fittings
Dental services		
Dental services	Up to $600 per year for medically necessary non-cosmetic, non-experimental dental services not covered by Medicare	Up to $700 per year for medically necessary non-cosmetic, non-experimental dental services not covered by Medicare

	UCare Advocate Choice	UCare Advocate Plus
Vision services		
Vision services	20% coinsurance for Medicare-covered exams $0 copay for a routine eye exam $200 annual eyewear allowance	20% coinsurance for Medicare-covered exams $0 copay for a routine eye exam $225 annual eyewear allowance
Mental health services		
Inpatient mental health	$0 copay, days 1 – 5 $275 per day, days 6 – 10 $0 copay per day, days 11 – 90 $0 copay, lifetime reserve days Original Medicare benefit period applies	$0 copay, days 1 – 5 $250 per day, days 6 – 10 $0 copay per day, days 11 – 90 $0 copay, lifetime reserve days Original Medicare benefit period applies
Outpatient mental health	$0 copay, facility where member lives $0 copay, outside facility where member lives $0 partial hospitalization	$0 copay, facility where member lives $0 copay, outside facility where member lives $0 partial hospitalization
Skilled nursing facility		
Skilled nursing facility[1]	100 days covered $0 copay per day, days 1 – 20 $170 copay per day, days 21 – 100 Does not require 3-day hospital stay	100 days covered $0 copay per day, days 1 – 20 $170 copay per day, days 21 – 100 Does not require 3-day hospital stay
Other services		
Physical therapy[1]	$30 copay	$20 copay
Transportation	$500 annual allowance for rides to approved locations within service area	$500 annual allowance for rides to approved locations within service area
Medicare Part B Drugs[2]	20% coinsurance	20% coinsurance

[1]Service requires prior authorization.

[2]Service requires prior authorization. Certain drugs may have a lower coinsurance. You will not pay more than $35 for a one-month supply of Part B insulin.

	UCare Advocate Choice	UCare Advocate Plus
Medicare Part D coverage		
Cost sharing for deductible: You pay the full cost of your drugs until you reach this amount	Tiers 1 & 2 = $0 Tiers 3 – 5 = $125	All tiers $0
Initial coverage phase: From $0 to $5,030 in annual prescription drug costs. After you meet the deductible, you pay the amounts listed below.		
Tier 1 Preferred generic drugs	**Retail** — 30-day supply $3 copay	**Retail** — 30-day supply $2 copay
Tier 2 Generic drugs	**Retail** — 30-day supply $15 copay	**Retail** — 30-day supply $12 copay
Tier 3 Preferred brand drugs	**Retail** — 30-day supply $47 copay Insulin: $35 copay, no deductible	**Retail** — 30-day supply $47 copay Insulin: $35 copay, no deductible
Tier 4 Non-preferred drugs	**Retail** — 30-day supply $100 copay Insulin: $35 copay, no deductible	**Retail** — 30-day supply $100 copay Insulin: $35 copay, no deductible
Tier 5 Specialty drugs	**Retail** — 30-day supply 31% coinsurance	**Retail** — 30-day supply 33% coinsurance

Cost-sharing may differ based on whether the prescription is short-term (30-day supply) or extended day (up to 100-day supply as prescribed by your provider).

Low copays on insulins

You won't pay more than $35 for a one-month supply of each Part D or Part B insulin product covered by our plan, no matter which cost-sharing tier it's on. Deductibles do not apply.

Part D vaccines

Our plans that include Part D cover most Part D vaccines at no cost to you, even if you haven't paid your deductible. This includes the two-part shingles vaccine (SHINGRIX®).

	UCare Advocate Choice	UCare Advocate Plus
Coverage gap		
Once you have reached $5,030 in annual prescription drug spending (your cost plus UCare's cost), you pay as shown	25% of the cost of generic and brand drugs Insulin: $35 copay	25% of the cost of generic and brand drugs Insulin: $35 copay
Catastrophic coverage		
Once you have reached $8,000 in annual prescription drug spending (excluding UCare's cost), you pay $0	$0 copay	$0 copay

Additional requirements or limits on covered drugs — Some covered drugs may have additional requirements or limits on coverage. These may include: Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST). Visit **ucare.org/advocate** to find out if your drug has any additional requirements or limits. You can also ask us to make an exception to these restrictions or limits. Details on how to make these requests are in the formulary and in the Evidence of Coverage.

Extra Help for Medicare Part D

You may be able to get Extra Help to help pay for your prescription drug premium and costs.

To see if you qualify, call:

- 1-800-MEDICARE (TTY users call 1-877-486-2048), 24/7
- Social Security Administration at 1-800-772-1213 (TTY users call 1-800-325-0778), 7 am – 7 pm, Monday – Friday
- Your State Medicaid Office or County Human Services Office
- Senior LinkAge Line at 1-800-333-2433

Some people will pay a higher premium for Medicare Part D coverage because their yearly income is over certain amounts.

Enrollment

What's next

When you enroll online, by mail, or by phone, here's what happens next:

1. We check to make sure everything is complete and will let you know if anything is missing.
2. We'll send your application to the Centers for Medicare & Medicaid Services (CMS) for review.
3. If CMS determines you've met UCare Advocate Choice/UCare Advocate Plus eligibility requirements, CMS will send you a letter confirming your enrollment.
4. You'll receive a UCare member identification (ID) card. It's the only card you'll need for your medical, dental and pharmacy needs.

Need medical services or prescription drugs before you receive your member ID card? Just call customer service at 612-676-3600 or 1-877-523-1515 toll-free; TTY users call 612-676-6810 or 1-800-688-2534 toll-free; 8 am – 8 pm, seven days a week.

3 ways to **enroll**

online

Visit **ucare.org/advocate**

Open "Enroll now" link.

Complete and submit the form.

by mail

Complete the enrollment form and mail it in the postage-paid envelope.

phone

Call 1-877-671-1065 (TTY 1-800-688-2534) to enroll with a licensed Medicare Sales Specialist.

8 am – 8 pm, seven days a week (Oct. 1 – March 31)

8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)

An advocate for your best health

Enhanced care coordination helps improve your quality of life and overall health and well-being

When you enroll in a UCare Advocate plan, you get all the benefits of a Medicare Advantage plan, plus enhanced care coordination and increased benefits. These plans prioritize your health and quality of life by providing complete primary care and care coordination services in the most appropriate setting — right where you live.

Enhanced care coordination

With a UCare Advocate plan, you receive dedicated care coordinator services built into your coverage. Your care coordinator helps watch over your care, overall health and well-being. They facilitate services and communicate across the care team, family and other caregivers to ensure you get the benefits and resources available to you.

Why Choose a UCare Advocate plan?

Your doctors, specialists and other care providers come to you, so you'll get care without leaving home. Your care team includes a dedicated care coordinator, nurse practitioner and doctors skilled in caring for older adults. You'll also get many extra benefits and services not offered with standard Medicare Advantage plans — extras that go far beyond Original Medicare.

Sylvia's story

Care coordinators help caregivers support their loved one

Sylvia's* family was beyond worried and stressed when they learned she was struggling to breathe and taken by ambulance to the hospital. While there, her medical staff diagnosed her with blood clots. Sylvia's family knew she would need a lot of follow-up care, so they reached out to her care coordinator to help set up appointments and arrange transportation. Once discharged, Sylvia's treatment plan included follow-up appointments at various off-site locations. The care coordinator set up covered rides to Sylvia's specialists and other providers. Sylvia's daughter shared that she was struggling to balance caregiving with other responsibilities. The care coordinator referred her to a support group and connected her to services to help lighten the load. Sylvia's care coordinator also ensured her family members, providers and facility staff were all up-to-date with her care plan so that her family could focus on being with Sylvia rather than post-discharge care arrangements.

*Member names have been changed to protect privacy.

Robert's story

Keeping watch and capturing trends

Robert's* care team noticed a bit of weight gain and other symptoms and suspected congestive heart failure, or CHF. The care coordinator developed a plan with staff support to routinely check for respiratory concerns and monitor his weight. The care team conducted an edema check twice a week, looking for visible signs of swelling, which may indicate too much fluid buildup in body tissues. They watched Robert for shortness of breath, difficulty breathing and chest pain or swelling and pain in his limbs. Robert and his family were able to rely on his care team, knowing the care coordinator reviews progress notes, trending vitals and key stats to provide timely updates.

Elaine's story

Monitoring medication dosage and cost

Elaine* was prescribed a medication by her primary care doctor that was not on the UCare drug list (formulary). After facility staff learned from the pharmacist that Elaine would be charged the full price for the medication, they asked the care coordinator to work with her doctor. The care coordinator was able to request a simple dosage change, resulting in full coverage by UCare. Elaine's family and caregivers were impressed by the care coordinator's quick action to resolve this issue. Elaine and her family had greater peace of mind knowing that needed prescription was fully covered.

Additional information

Provider network coverage

While you are a member of our plan, you must use network providers to get your medical care and services covered at in-network cost-share levels. Exceptions to this include emergency care, urgent care, out-of-area dialysis services, lab services, Medicare-covered preventive screenings, and cases in which the plan authorizes use of out-of-network providers. You can obtain certain covered services from out-of-network providers at different cost-share levels.

Out-of-network/non-contracted providers are under no obligation to treat UCare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Case Management

A care coordinator may be a social worker, independently licensed mental health professional or hold another Minnesota licensure. Your care coordinator can help you with health care and social services needs. They will partner with you to create a care plan to help keep you healthy and safe in your home. You can call your care coordinator when changes happen with your health, if you are hospitalized unexpectedly, need transportation to a covered health appointment, need a dentist, or have a health care concern. They are here to help you.

Understanding utilization management

Prior authorization
One way that UCare ensures excellent care is by collaborating with your healthcare professionals to evaluate specific services and procedures. Our goal is to ensure that you receive the best possible care for your individual needs. This Summary of Benefits provides information on the types of care or services that require notification or authorization. It's important to note that this list may change periodically. For instance, some examples of services that require prior approval include spine surgery and home health care.

We offer coverage for certain services listed in the benefits chart only when your doctor or provider obtains advance approval from us. These approved services include inpatient rehabilitation services, genetic and molecular diagnosis tests, lumbar spine surgery, bariatric surgery, vein procedures, bone growth stimulators, and spinal cord stimulators. Other services that require prior authorization and/or notification are marked with a [1, 2] in the chart.

Authorization and notification
One of the ways UCare makes sure you get excellent care is by partnering with your doctors to review certain types of services and procedures. We want you to get the care that is best for your needs.

This Summary of Benefits notes which types of care or services require notification or authorization. This list may change from time to time. Some examples include spine surgery and home health care.

Notification
Hospitals are required to notify UCare if you are admitted to a hospital, long term care facility, or skilled nursing facility. UCare's clinical team will collaborate with your healthcare professionals to ensure you receive the necessary care. If needed, UCare may set up post-hospital care.

Prior authorization/ preservice review
Before any services can be covered, your healthcare provider must obtain approval from UCare. This applies to providers who are part of the UCare network as well as those who are out-of-network. To determine coverage, UCare's clinical team assesses whether the service is medically necessary, appropriate, and effective for your specific needs. Prior authorization, also known as preservice review, requires your provider to submit information to UCare and request approval before you receive the service. If pre-approval is necessary for the specific service, coverage will only be provided if approval has been granted.

Urgent/concurrent review
During your stay in a Long-Term Care Facility or Skilled Nursing Facility, urgent concurrent and concurrent reviews may occur. UCare will assess whether your care needs to continue for a longer duration or if alternative care is necessary.

Post-service review
Post-service review is necessary in case your doctor did not request a pre-service review. It is possible that your claim has already been denied because authorization is required for coverage. Once your doctor submits a review, UCare will carefully evaluate your situation and care plan to ensure that you receive the coverage you are entitled to as a UCare member.

Appeal
If we deny a request made by you or your doctor for medical services or pharmaceuticals, you or your doctor have the option to appeal our decision. At the time of filing an appeal, you or your doctor may include additional documentation that is relevant to your case. Appeal requests undergo a thorough review by physicians, who assess them considering current medical evidence and your benefit plan. If your appeal is turned down, you will receive guidance on how to proceed with a second-level appeal.

Learn more
Go to **ucare.org** and click on "plan resources." UCare members can also look up services in their Evidence of Coverage and Annual Notice of Changes documents. These documents note if notification and authorization is required. Every renewal year, members receive an Annual Notice of Changes that explains any changes to their plan benefits.

Consider Medicare coverage limits

The following items and services are not covered under Original Medicare or by our plan:

- Services considered not reasonable and necessary, according to the standards of Original Medicare, unless these services are listed by our plan as covered services
- Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare-approved clinical research study or by our plan. Experimental procedures and items are those determined by our plan and Original Medicare to not be generally accepted by the medical community.
- Private room in a hospital, except when it is considered medically necessary or if it is the only option available
- Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
- Full-time nursing care in your home
- Custodial care — care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.
- Homemaker services such as basic household assistance, including light housekeeping or light meal preparation
- Fees charged for care by your immediate relatives or members of your household
- Cosmetic surgery or procedures, unless covered in case of an accidental injury or for improvement of the functioning of a malformed body part. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
- Routine chiropractic care, other than manual manipulation of the spine to correct a subluxation
- Home-delivered meals
- Routine foot care, except for the limited coverage provided according to Medicare guidelines (e.g., if you have diabetes)
- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease
- Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease
- Radial keratotomy, LASIK surgery, vision therapy and other low-vision aids. Eyewear except for one pair of eyeglasses (or contact lenses) after cataract surgery and non Medicare-covered eyewear up to the allowed amount.
- Reversal of sterilization procedures, and/or non prescription contraceptive supplies
- Acupuncture
- Naturopath services (uses natural or alternative treatments)

Our plan will not cover the excluded services listed above. Even if you receive the services at an emergency facility, the excluded services are still not covered.

Dental coverage limitations

Frequency limits and waiting periods do not apply to plans with a yearly dental allowance. Otherwise these limitations apply to all plans.

- Endodontics: Limited to one (1) per tooth per lifetime.
- Periodontics (other than periodontal maintenance cleanings): Coverage is limited to one (1) non-surgical periodontal treatment and one (1) surgical periodontal treatment per quadrant every 36 months.
- Bone grafting: Coverage is limited to once per site (upper/lower ridge) in conjunction with building the bony ridge needed for successful placement of an implant or removable prosthetics (partial/full dentures).
- Major restorative services: Benefit for the replacement of a crown or an onlay will be provided only after a 60 month period, measured from the last date the covered dental service was performed.
- Prosthetics — removable and fixed: A prosthetic appliance (denture or bridge) for the purpose of replacing an existing appliance will be covered only after 60 months.
- Implant services: Replacing a single missing tooth. Coverage for implants is limited to once per tooth per lifetime (also see Exclusion #18).

Dental coverage exclusions

These exclusions are specific to dental coverage. Some of these exclusions may be covered under your medical benefit:

1. Dental services that are not necessary or specifically covered
2. Hospitalization or other facility charges
3. Prescription drugs
4. Any dental procedure performed solely as a cosmetic procedure
5. Charges for dental procedures completed prior to the member's effective date of coverage
6. Anesthesiologist services
7. Dental procedures, appliances or restorations that are necessary to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition (wear), realignment of teeth, periodontal splinting, and gnathologic recordings
8. Direct diagnostic surgical or non-surgical treatment procedures applied to jaw joints or muscles, except as provided under Oral Surgery in the Evidence of Coverage
9. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions
10. Oral hygiene instruction and periodontal exam
11. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture
12. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the Evidence of Coverage
13. Analgesia (nitrous oxide)
14. Removable unilateral dentures
15. Temporary procedures
16. Splinting
17. Consultations by the treating provider and office visits
18. Initial installation of implants, full or partial dentures or fixed bridgework to replace a tooth or teeth extracted prior to the member's effective date. Exception: This exclusion will not apply for any member who has been continuously covered under a UCare Medicare Plan for more than 24 months
19. Occlusal analysis, occlusal guards (night guards) and occlusal adjustments (limited and complete)
20. Veneers (bonding of coverings to the teeth)
21. Orthodontic treatment procedures
22. Corrections to congenital conditions, other than for congenital missing teeth
23. Athletic mouth guards
24. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the Evidence of Coverage
25. Space maintainers

Notice of privacy practices

Effective Date: July 1, 2013
Date of Last Review: July 20, 2022
This Notice describes how medical information about you* may be used and disclosed and how you can get access to this information. Please review it carefully.

**In this Notice, "you" means the member and "we" means UCare.*

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

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

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

What kinds of information do we use?
We receive information about you as part of our work in providing health plan services and health coverage. This information includes your name, address, and date of birth, race, ethnicity, language, sexual orientation, gender identity, telephone numbers, family information, financial information, health records, or other health information. Examples of the kinds of information we collect include: information from enrollment applications, claims, provider information, and customer satisfaction or health surveys; information you give us when you call us about a question or when you file a complaint or appeal; information we need to answer your question or decide your appeal; and information you provide us to help us obtain payment for premiums.

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

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

Other uses include customer service activities, complaints or appeals, health promotion, quality activities, health survey information, underwriting, actuarial studies, premium rating, legal and regulatory compliance, risk management, professional peer review, credentialing, accreditation, antifraud activities, as well as business planning and administration. For example, we may use your information to make a decision regarding an appeal filed by you.

We do not use or disclose any genetic information, race, ethnicity, language, sexual orientation or gender identity for the purpose of underwriting.

In addition, we may use your information to provide you with appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We may also share information with family members or others you identify as involved with your care, or with the sponsor of a group health plan, as applicable.

We do not sell or rent your information to anyone. We will not use or disclose your information for fundraising without your permission. We will only use or disclose your information for marketing purposes with your authorization. We treat information about former members with the same protection as current members.

Who sees your information?
UCare employees see your information only if necessary to do their jobs. We have procedures and systems to keep personal information secure from people who do not have a right to see it. We may share the information with providers and other companies or persons working with or for us. We have

contracts with those companies or persons. In those contracts, we require that they agree to keep your information confidential. This includes our lawyers, accountants, auditors, third party administrators, insurance agents or brokers, information systems companies, marketing companies, disease management companies, or consultants.

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

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

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

In most situations, permissions to represent you may be cancelled at any time. However, the cancellation will not apply to uses or disclosures we made before we received your cancellation. Also, once we have permission to release your information, we cannot promise that the person who receives the information will not share it.

What are your rights?

- You have the right to ask that we don't use or share your information in a certain way. *Please note that while we will try to honor your request, we are not required to agree to your request.*
- You have the right to ask us to send information to you at an address you choose or to request that we communicate with you in a certain way. For example, you may request that your mailings be sent to a work address rather than your home address. We may ask that you make your request in writing.
- You have the right to look at or get a copy of certain information we have about you. This information includes records we use to make decisions about health coverage, such as payment, enrollment, case, or medical management records. We may ask you to make your request in writing. We may also ask you to provide information we need to answer your request. We have the right to charge a reasonable fee for the cost of making and mailing the copies. In some cases, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will tell you in writing. We may give you a right to have the decision reviewed. Please let us know if you have any questions about this.
- You have the right to ask us to correct or add missing information about you that we have in our records. Your request needs to be in writing. In some cases, we may deny a request if the information is correct and complete, if we did not create it, if we cannot share it, or if it is not part of our records. All denials will be in writing. You may file a written statement of disagreement with us. We have the right to disagree with that statement. Even if we deny your request to change or add to your information, you still have the right to have your written request, our written denial, and your statement of disagreement included with your information.
- You have the right to receive a listing of the times when we have shared your information in some cases. Please note that we are not required to provide you with a listing of information shared prior to April 14, 2003; information shared or used for treatment, payment, and health care operations purposes; information shared with you or someone else as a result of your permission; information that is shared as a result of an allowed use or disclosure; or information shared for national security or intelligence purposes. All requests for this list must be in writing. We will need you to provide us specific information so we can answer your request. If you request this list more than once in a 12-month period, we may charge you a reasonable fee. If you have questions about this, please contact us at the address provided at the end of this Notice.

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

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

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

Notice of nondiscrimination

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

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

If you need these services, contact us at 612-676-3200 (voice) or toll free at 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

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

If you need these services, contact us at the number on the back of your membership card or 612-676-3200 or toll free at 1-800-203-7225 (voice); 612-676-6810 or toll free at 1-800-688-2534 (TTY).

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

Oral grievance
If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call 612-676-3200 or toll free at 1-800-203-7225 (voice); 612-676-6810 or toll free at 1-800-688-2534 (TTY). You can also use these numbers if you need assistance filing a grievance.

Written grievance
Mailing Address
UCare
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Email: cag@ucare.org Fax: 612-884-2021

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

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

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 612-676-3200/1-800-203-7225（TTY：612-676-6810/1-800-688-2534）。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (**መስማት ለተሳናቸው**: 612-676-6810/1-800-688-2534).

ဟ်သူဉ်ဟ်သး–နမ့်ကတိၤ ကညီ ကျိာ်အယိ, နမၤနှ၊် ကျိာ်အတၢ်မၤစၢၤလ၊ တလာ်ဘူဉ်လာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ.
ကိး 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយា ភាសារ៉ខ្មែរ, រសវាជំនួយរ័ផ្កភាសា ដោយមិនគិតឈ្លួល គឺអាចមានសំរាប់បំរ៉ីអ្នក។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة :إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان .اتصل برقم 612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

Take advantage of the extra features beyond Original Medicare

Henry

Henry is looking for an affordable plan with low medical copays and drug coverage. UCare Advocate Choice fits his needs and budget. Henry receives primary care visits and other services on-site where he lives. A focused care coordination team provides support to Henry and his family.

Lillian

Lillian is looking for a plan to cover the care she'll need as she ages, with low out-of-pocket costs. In-home primary care and care coordination services provide extra attention to her health needs. UCare Advocate Plus gives her the protection she needs today and in the future.

	UCare Advocate Choice	UCare Advocate Plus
Dental allowance for medically necessary non-cosmetic, non-experimental dental services not covered by Medicare	✓	✓
Dental kit at no additional cost with an electric toothbrush every three years and two replacement heads per year	✓	✓
Eyewear allowance for prescription glasses or contact lenses and routine eye exam at no added cost	✓	✓
Hearing aid allowance plus additional discounts through UCare and TruHearing to provide a comprehensive hearing care solution	✓	✓
Over-the-counter drug allowance of $75 twice a year to purchase items such as cough drops, first aid supplies, pain relief and sinus medications	✓	✓
Transportation to medical, dental and pharmacy appointments ($500 annual allowance)	✓	✓
Dedicated care coordinator assigned to help watch over member care and overall health	✓	✓
Unlimited routine foot care (does not require a specific diagnosis)	✓	✓

If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users call 1-877-486-2048.

If you prefer, request a paper copy of the UCare Advocate Choice/UCare Advocate Plus Provider and Pharmacy Directory at 1-877-671-1065. TTY users call 1-800-688-2534.

UCare Advocate Choice and UCare Advocate Plus (HMO I-SNP) are Medicare Advantage Institutional Special Needs Plans for Minnesota adults living in a nursing home, assisted living or memory care facility.

UCare Advocate Choice and UCare Advocate Plus are HMO I-SNP plans with Medicare contracts. Enrollment in UCare Advocate Choice and Advocate Plus depends on contract renewal.

500 Stinson Blvd NE
Minneapolis, MN 55413
1-877-671-1065 | TTY 1-800-688-2534
ucare.org

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