



2019 Summary of Benefits

UCare Medicare Group Plans (HMO-POS)



Why UCare?

Medicare can feel overwhelming when you're trying to figure it out on your own. UCare can help.

We're the de-complicators. The Medicare de-mystifiers who can tell you what you need to know about Medicare and show you how to pick a plan that's right for you.

UCare is one of the longest serving Medicare Advantage plans in Minnesota. Today, more than 80,000 members trust us to provide their health coverage.

Get the peace of mind you deserve with UCare's great coverage and affordable prices.

96% of Minnesota providers in network
with no required referrals

ranks in the
TOP 11%
of plans nationwide
earning 4.5 out of 5 stars*

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. Some services require preauthorization. To get a complete list of services we cover, call us and ask for the Evidence of Coverage.

This information is not a complete description of benefits. Call 1-877-598-6574 or TTY 1-800-688-2534 for more information.

UCare Minnesota is an HMO-POS plan with a Medicare contract. Enrollment in UCare Minnesota depends on contract renewal.

If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View online at www.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 should call 1-877-489-2048.

*Medicare evaluates plans based on a 5-star rating system. Star ratings are calculated yearly and may change from one year to the next.

UCare Medicare Group Plans

Get all your health benefits in one plan



travel coverage



prescription drug coverage



vision benefits



fitness options



dental coverage



hearing benefits

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The ABC&D of Medicare

Original Medicare is made up of 2 parts – **Part A** and **Part B**



Part A – hospital coverage

Medicare Part A helps pay for inpatient hospital and skilled nursing facility stays, hospice care and home health care.



Part B – medical coverage

Medicare Part B helps pay for a wide range of medical expenses including doctor visits, many preventive screenings, lab tests, X-rays, outpatient procedures, mental health services, durable medical equipment and more.



Part C – Medicare Advantage Plan

Think of Part C (Medicare Advantage Plan) as a package.

It combines Part A with Part B, then may add special benefits that Medicare does not cover, such as vision and dental care. Many packages even include Part D prescription drug coverage.

Since 1997, people have had the option of getting their Medicare Part A and Part B benefits plus additional coverage all in one package through Medicare Advantage plans.

Additional coverage and services
vision, hearing, dental, health & wellness

Medicare Advantage Plan



Part D – outpatient prescription drug coverage

Part D is available to anyone enrolled in either Medicare Part A or Part B. Part D can be purchased through two types of health plans: Medicare Advantage plans that include Part D or individual prescription drug plans.

You must choose whether or not to enroll in Part D when you first become eligible for

Medicare. Keep in mind that if you decline it, but decide you want this coverage later, you may have to pay a penalty.

Most Part D plans have a monthly premium, and benefits and drug costs that vary by plan. Each health plan publishes a list of covered drugs called a formulary.

When am I eligible for Original Medicare?

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)
- Are a citizen and permanent resident of the United States

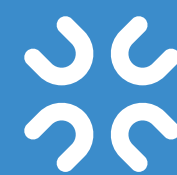
How do I enroll in Original Medicare?

You may apply online at ssa.gov/medicare, via telephone appointment at 1-800-772-1213 (TTY 1-800-325-0778), or in person at a local Social Security office.

When can I make changes to my Medicare coverage?

You may end your membership in our plan at any time. You will be enrolled until the end of the month.

Please note that if you choose to disenroll from your employer group plan you may not be eligible to re-enroll in your employer group plan(s) at a future date.



Late enrollment penalties

If you don't sign up for Part B and Part D when you first become eligible for Medicare, you may pay a penalty if you decide to sign up later. The penalty is added to your monthly premium, and you'll pay it for as long as you have Part B or Part D coverage. Some exceptions apply.

Is my plan offered where I live?

To remain a member of our plan, you must continue to reside in the plan service area.

Our service area includes the State of Minnesota and the following counties in the State of Wisconsin: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Iowa, Jackson, Juneau, La Crosse, Monroe, Pepin, Pierce, Polk, Richland, St. Croix, Sauk, Sawyer, Trempeleau, Vernon and Washburn.

If you plan to move out of the service area, please contact Customer Services (phone numbers are printed on the back cover of this booklet). When you move, you will have a Special Enrollment Period that will allow you to switch to Original Medicare or enroll in a Medicare health or drug plan that is available in your new location.

It is also important that you call Social Security if you move or change your mailing address.

Is my doctor in the network? Are my prescription drugs covered?

Go to ucare.org and select Search Network your 1-stop shop to get you on your way.



Find a doc

Search for a full list of providers (including specialists, hospitals, dentists and chiropractors)

If you prefer, request a Provider and Pharmacy Directory at 1-877-447-4385.



Find a drug

Search our list of covered drugs.

If you prefer, use the printed 2019 Formulary provided. Check the alphabetical index in the back of the formulary, to find your drugs.

Did you know
96% of all providers in MN are in the UCare Medicare Network

Plan benefit details

HEALTH CARE SERVICES	UCARE GROUP HIGH (HMO-POS)	UCARE GROUP CORE (HMO-POS)	UCARE GROUP BASIC (HMO-POS)
2019 monthly premium (you must continue to pay your Medicare Part B premium)	\$339	\$175	\$79
Medical deductible	\$0	\$0	\$0
Part D deductible	Tier 1 = \$0 Tiers 2-4 = \$100	Tier 1 = \$0 Tiers 2-4 = \$200	Tier 1 = \$0 Tiers 2-4 = \$400
Out-of-pocket maximum A limit on how much you have to pay out-of-pocket for in-network Medicare-covered services each year. Excludes Medicare Part D and all other non-Medicare covered services and premium.	\$3,400 Once you have paid this amount, you are covered at 100% for benefits for the remainder of the calendar year	\$3,400 Once you have paid this amount, you are covered at 100% for benefits for the remainder of the calendar year	\$3,400 Once you have paid this amount, you are covered at 100% for benefits for the remainder of the calendar year
Hospital Care			
Inpatient hospital care (per admission)	\$100 copay per inpatient admission	\$200 copay per inpatient admission	\$300 copay per day (days 1-5); then 100% covered
Outpatient hospital or procedure	\$200 copay	\$250 copay	\$250 copay
Doctor visits			
• Primary	In-network \$15 copay Out-of-network \$15 copay	In-network \$15 copay Out-of-network \$15 copay	In-network \$15 copay Out-of-network \$15 copay
• Specialist	In-network \$15 copay Out-of-network \$15 copay	In-network \$30 copay Out-of-network \$30 copay	In-network \$40 copay Out-of-network \$40 copay

Note: Your hospital status, meaning whether the hospital considers you an "inpatient" or "outpatient," affects how much you pay for hospital services. Inpatient hospital care copays apply if you are admitted to the hospital with a doctor's order.

HEALTH CARE SERVICES	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Preventive care			
Routine physical exam	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered
Routine eye exam and hearing test	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered
Diabetic retinopathy exam	\$0 copay	\$0 copay	\$0 copay

For the next 11 benefits, the \$0 copay applies in-network and out-of-network for all three plan options.

"Welcome to Medicare" preventive visit (if in the first 12 months on Part B)	\$0 copay	\$0 copay	\$0 copay
Annual Wellness Exam (if you had Part B for more than 12 months)	\$0 copay	\$0 copay	\$0 copay
Immunizations – Flu and pneumonia vaccines. (Shingles vaccine is covered under Medicare Part D.)	\$0 copay	\$0 copay	\$0 copay
Mammogram screening	\$0 copay	\$0 copay	\$0 copay
Pap smears and pelvic exams	\$0 copay	\$0 copay	\$0 copay
Prostate cancer screening exam	\$0 copay	\$0 copay	\$0 copay
Bone mass measurement	\$0 copay	\$0 copay	\$0 copay
Diabetes screening	\$0 copay	\$0 copay	\$0 copay
Preventive colorectal cancer screening	\$0 copay	\$0 copay	\$0 copay
Cardiovascular screening	\$0 copay	\$0 copay	\$0 copay
Resources to stop using tobacco	\$0 copay	\$0 copay	\$0 copay

HEALTH CARE SERVICES	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Emergency/Urgent care at home and while traveling in the United States			
Emergency care – Copay is waived if admitted to the hospital within 24 hours for the same condition; then inpatient hospital copay would apply.	In-network \$50 copay Out-of-network \$50 copay	In-network \$75 copay Out-of-network \$75 copay	In-network \$75 copay Out-of-network \$75 copay
Urgently needed services – Medically necessary and immediately required as a result of an unforeseen illness, injury or condition.	In-network \$25 copay Out-of-network \$25 copay	In-network \$35 copay Out-of-network \$35 copay	In-network \$35 copay Out-of-network \$35 copay
Worldwide emergency care			
Applies to care outside the United States and U.S. territories.*	\$50 copay	\$75 copay	\$75 copay
Ground ambulance for emergency transportation to the nearest appropriate hospital for emergency care.	\$100 copay	\$100 copay	\$200 copay
Miscellaneous Services			
Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays	\$25 copay	\$25 copay	10% coinsurance
Lab services (e.g., Protime INR, cholesterol)	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay
Hearing services	\$0 copay	\$0 copay	\$40 copay

***Coverage includes**

Services furnished by a provider qualified to furnish emergency services and needed to evaluate or stabilize an emergency medical condition.

Post-stabilization, which are services related to an emergency medical condition, provided after stabilization to maintain the condition. Post-stabilization services end at discharge.

Note: Only emergency coverage is worldwide. You may want to consider purchasing a separate travel policy while traveling outside the U.S. for extended coverage and services such as air ambulance.

HEALTH CARE SERVICES	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Preventive Dental Services included in your plan (no additional premium)			
Two oral examinations per calendar year	Paid in full	Paid in full	Paid in full
Three cleanings per calendar year	Paid in full	Paid in full	Paid in full
Bitewing X-rays every 12 months	Paid in full	Paid in full	Paid in full
Full mouth X-rays every 5 years	Paid in full	Paid in full	Paid in full
Topical application of fluoride in conjunction with a routine cleaning or examination.	Paid in full	Paid in full	Paid in full
Optional dental (For an additional premium you can access more covered services.)			
Optional comprehensive dental	Classic Choice Dental	Classic Choice Dental	Classic Choice Dental
Vision Services			
Routine eye exam You are covered for one routine eye exam and up to two refractions every year	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered
Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	\$0 copay	\$0 copay	\$40 copay
Eyeglasses or contact lenses after cataract surgery	\$0 copay	\$0 copay	\$0 copay
Annual allowance for eyeglasses or contacts at any provider	\$150 per calendar year	\$150 per calendar year	Not covered

HEALTH CARE SERVICES	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Mental Health Services			
Inpatient hospital stay (90 days limit per stay) • Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.	\$100 copay per inpatient admission	\$200 copay per inpatient admission	\$300 copay per day (days 1-5); then 100% covered
Outpatient mental health care	In-network \$15 copay Out-of-network \$15 copay	In-network \$30 copay Out-of-network \$30 copay	In-network \$40 copay Out-of-network \$40 copay
Skilled Nursing Facility Care (or swing bed)^			
Covered services include but are not limited to: Semiprivate room and necessary skilled medical services at network facilities; private rooms are covered if medically necessary; including physical therapy, occupational therapy and speech-language pathology	\$0 copay per day for days 1–20; \$100 copay per day for days 21–100; per benefit period No prior hospitalization is required*	\$0 copay per day for days 1–20; \$100 copay per day for days 21–100; per benefit period No prior hospitalization is required*	\$0 copay per day for days 1–20; \$100 copay per day for days 21–100; per benefit period No prior hospitalization is required*
Other Services			
Physical therapy	In-network \$15 copay Out-of-network \$15 copay	In-network \$30 copay Out-of-network \$30 copay	In-network \$40 copay Out-of-network \$40 copay
Ambulance • Includes air and/or ground if transport and level of service are medically necessary and meet Medicare guidelines.	In-network \$100 copay Out-of-network \$100 copay	In-network \$100 copay Out-of-network \$100 copay	In-network \$200 copay Out-of-network \$200 copay
Transportation	Not covered	Not covered	Not covered

***No prior hospitalization is required** – With all of our UCare Medicare Plan options, we waive the three-day Medicare-covered hospital stay that is required by Medicare and many of our competitors. This means you may have access to coverage in more situations.

^Service requires pre-authorization

Prescription drug coverage

HEALTH CARE SERVICES	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Medicare Part B Drugs[^]			
Generally, drugs that must be administered by a health professional.	20% coinsurance	20% coinsurance	20% coinsurance
Medicare Part D Coverage included with these plan options (no additional premium)			
Annual Deductible Stage – You pay the full cost of your drugs until you reach this amount.	\$100 for Tiers 2–4	\$200 for Tiers 2–4	\$400 for Tiers 2–4
Initial Coverage Stage – From \$0 to \$3,820 in annual prescription drug costs. After you meet the deductible you pay the amounts listed below.			
Cost Sharing – Retail: Our network includes preferred pharmacies, which offer lower cost sharing on 90-day prescriptions than standard network pharmacies.			
Tier 1 Generic drugs	30 day supply: \$10 copay	30 day supply: \$12 copay	30 day supply: \$12 copay
Tier 2 Preferred brand drugs	30 day supply: \$40 copay	30 day supply: \$45 copay	30 day supply: \$45 copay
Tier 3 Non-preferred drugs	30 day supply: \$100 copay	30 day supply: \$100 copay	30 day supply: \$100 copay
Tier 4 Specialty drugs	30 day supply: 30% coinsurance	30 day supply: 25% coinsurance	30 day supply: 25% coinsurance

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our preferred or standard network, or whether the prescription is a short-term (30-day supply) or long-term (90-day supply).

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 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 UCare Medicare Group Plans Evidence of Coverage.

[^]Service requires pre-authorization

HEALTH CARE SERVICES	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Coverage Gap Stage			
Once you have reached \$3,820 in annual prescription drug spending (your cost plus UCare's cost), you pay as shown. You stay in this stage until your out-of-pocket costs reach \$5,100. <i>Notes: Your coverage gap is \$5,100 minus the portion of the \$3,820 that you paid out of your own pocket.</i> <i>The size of the coverage gap is NOT \$5,100 minus \$3,820.</i>	You have no coverage gap with this option. Drugs continue to be covered in the above tiers until you reach the Catastrophic Coverage Stage.	You pay up to a \$12 copay per Tier 1 drugs; 37% of Tier 4 generic drugs; and 25% of the cost of brand drugs.	You pay 37% of the cost of generic drugs, and 25% of the cost of brand-name drugs.
Catastrophic Coverage Stage			
Once you have reached \$5,100 in annual "out-of-pocket" costs, you pay as shown.	You pay The greater of \$3.40 or 5% coinsurance for generic drugs. The greater of \$8.50 or 5% coinsurance for all other drugs.	You pay The greater of \$3.40 or 5% coinsurance for generic drugs. The greater of \$8.50 or 5% coinsurance for all other drugs.	You pay The greater of \$3.40 or 5% coinsurance for generic drugs. The greater of \$8.50 or 5% coinsurance for all other drugs.

Extra help for 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 1-877-486-2048), 24/7
- Social Security Administration at 1-800-772-1213 (TTY 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 Part D coverage because their yearly income is over certain amounts (over \$85,000 for singles, over \$170,000 for married couples).

What are my prescription drug options?

You'll need to fill your prescriptions at pharmacies in your plan network, except in special cases. Network pharmacies include mail order, preferred and standard pharmacies.

Preferred Pharmacies

- **Value:** Pay two copays for a 90-day supply of your medications when you use a preferred network pharmacy.
- **Choice:** Choose from more than 23,000 pharmacies, including CVS/Target, Costco, Cub Foods and Sam's Club/Walmart.

Mail order through Express Scripts

- **Safe:** 99.99% accuracy
- **Convenient:** Free standard shipping, flexible payment options and automatic refills with three ways to order:
 - mail
 - call
 - online
- **Savings:** 90-day supply of maintenance medications for two copays

Learn more about Express Scripts in your new member packet.

Standard Pharmacies

- **More Choices:** Choose from more than 60,000 local and nationwide chain pharmacies
- **Flexibility:** Most retail pharmacies will fill 90-day prescriptions



To find a preferred pharmacy in your plan network, use the online search tool at ucare.org

If you prefer, request a Provider and Pharmacy Directory at 1-877-598-6574

Additional benefits

HEALTH CARE SERVICES	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Chiropractic services^ <ul style="list-style-type: none"> • Covers visits for manual manipulation of the spine to correct subluxation • Must use a ChiroCare network provider 	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered
Home health agency care^ Skilled medical services by a Medicare-certified home health care agency when you are home bound	\$0 copay	\$0 copay	\$0 copay
Hospice If you enroll in a Medicare-certified hospice program, hospice services and services covered by Medicare Part A, and are related to your terminal condition, will be covered by Medicare (rather than our plan). Your hospice provider will bill Medicare directly.	Covered by Medicare	Covered by Medicare	Covered by Medicare
Podiatry services <ul style="list-style-type: none"> • Treatment of injuries and diseases of the feet • Routine foot care for members with certain medical conditions affecting the lower limbs 	In-network \$15 copay Out-of-network \$15 copay	In-network \$30 copay Out-of-network \$30 copay	In-network \$40 copay Out-of-network \$40 copay

^Service requires pre-authorization

Additional benefits (continued)

HEALTH CARE SERVICES	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Supplies			
Hearing aids	\$500 every 36 months	\$500 every 36 months	Not covered
Durable medical equipment (e.g., oxygen equipment, CPAP) [^]	In-network 20% coinsurance Out-of-network Not covered	In-network 20% coinsurance Out-of-network Not covered	In-network 20% coinsurance Out-of-network Not covered
Diabetic			
• Continuous blood glucose monitors	20% coinsurance	20% coinsurance	20% coinsurance
• Other glucose monitors	\$0 copay	\$0 copay	\$0 copay
• Test strips and lancets	\$0 copay	\$0 copay	\$0 copay
<i>(Insulin and syringes covered under Medicare Part D)</i>			
Prosthetic devices (e.g., braces, colostomy bags and supplies)	\$0 copay	\$0 copay	20% coinsurance



[^]Service requires pre-authorization



UCare AnywhereSM

Travel anywhere within the U.S. and pay only your in-network copay on routine care, including clinic and specialist visits, physical therapy and counseling services through UCare's Point-of-Service benefit. You may see any provider that accepts Medicare. UCare will also cover 80% of many other services throughout the U.S. See your plan documents for more information.

Fitness options

HEALTH CARE SERVICES	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
UCare offers two different fitness options to choose from to stay active and feel great! The fitness program you select (option 1 or option 2) is included with all UCare Medicare Group Plans.			
Option 1:  SilverSneakers® Program To see a list of participating locations, go to silversneakers.com ; or call 1-888-423-4632, M-F, 7 am-7pm.	<ul style="list-style-type: none"> Free basic membership at over 14,000 locations nationwide Online support SilverSneakers FLEX™ fitness classes At-home fitness kit options for stress relief, strength, walking and yoga 	<ul style="list-style-type: none"> Free basic membership at over 14,000 locations nationwide Online support SilverSneakers FLEX™ fitness classes At-home fitness kit options for stress relief, strength, walking and yoga 	<ul style="list-style-type: none"> Free basic membership at over 14,000 locations nationwide Online support SilverSneakers FLEX™ fitness classes At-home fitness kit options for stress relief, strength, walking and yoga
Option 2:  Health Club Savings Program (at a participating health club not in the SilverSneakers network) To see a list of participating clubs, go to ucare.org/healthwellness . Just bring your UCare member ID card to your health club to sign up.	Up to \$20 per month	Up to \$20 per month	Up to \$20 per month

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Community education discount

Get up to a \$15 discount on most Minnesota community education classes, like cooking or learning a new language. Check your local community education catalog or contact the local school district for class times and locations. Limit of three discounts in a calendar year (one discount per class enrollment).

Optional dental coverage

Classic Choice Dental is available with select UCare Medicare Group Plans. You can enroll in this extra dental coverage when you first enroll in your UCare Medicare Group Plans by completing the enrollment form in your enrollment kit. You are still eligible to enroll during your first covered month, and after that, annually for coverage beginning January 1 (Forms cannot be accepted after December 31).

You can find in-network providers using the online search tool at ucare.org, or you can call 1-877-598-6574 (TTY: 1-800-688-2534) for assistance, 8 am – 8 pm, seven days a week.

	CLASSIC CHOICE DENTAL
Premium	\$21 per month
Deductible	\$50 per year (not applicable for some services)
Annual maximum	\$1,200 per covered person, per coverage year.*

*This annual maximum is in addition to the preventive dental coverage provided in your UCare Medicare Group Plans. You will get the best benefit by using a network dentist. UCare Medicare Plans use the Delta Dental Medicare Advantage Network administered by Delta Dental of Minnesota.

COVERAGE AND WHAT YOU PAY

	CLASSIC CHOICE DENTAL
Basic Services <ul style="list-style-type: none"> • Silver or resin fillings • Emergency treatment for relief of pain (minor procedures) • General anesthesia or I.V. sedation 	20% coinsurance
Endodontics <ul style="list-style-type: none"> • Root canal therapy on permanent teeth, including pulpotomies • Indirect pulp-cap • Root canal retreatment (mutually exclusive of final restoration) 	20% coinsurance
Periodontics <ul style="list-style-type: none"> • Periodontal maintenance cleanings (deep cleaning of the gums) • Full-mouth debridement • Non-surgical periodontics: Procedures necessary for the treatment of diseases of the gingival (gums) • Surgical periodontics: The surgical procedures necessary for the treatment of the gingival (gums) and bone supporting the teeth 	20% coinsurance

Unlike most other dental plans, you may also use an out-of-network licensed dentist (who has not opted out or been excluded from Medicare) within the United States and its territories. Services rendered by dentists who have opted out or been excluded from Medicare are not eligible for reimbursement. If you receive dental services from a non-network licensed provider, you may be responsible for submitting your bills and paying the cost share and any difference between the dentist's fees and the allowable amount. To request out-of-network reimbursement, submit the payment receipt obtained from your dentist to Delta Dental, P.O. Box 330, Mpls., MN 55440-0330.

Limitations

Endodontics: Limited to one (1) per tooth per lifetime.

Periodontics: Coverage is limited to one (1) non-surgical periodontal treatment and one (1) surgical periodontal treatment per quadrant every 36 months.

Oral/Maxillofacial Surgery: 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 five (5) year 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 five (5) years.

Implant Services: Replacing a single missing anterior (front) tooth. Coverage for implants is limited to one per lifetime per tooth (also see Exclusion #19).

Exclusions of services

While some of the exclusions shown below may be covered services under the terms of the Evidence of Coverage (EOC), the following are not covered dental services under the dental rider:

1. Services rendered by dentists who have opted out or been excluded from Medicare are not eligible for reimbursement.
2. Dental services that are not necessary or specifically covered.
3. Hospitalization or other facility charges.
4. Prescription drugs.
5. Any dental procedure performed solely as a cosmetic procedure.
6. Charges for dental procedures completed prior to the member's effective date of coverage.
7. Anesthesiologist services.
8. 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.
9. Direct diagnostic surgical or non-surgical treatment procedures applied to jaw joints or muscles, except as provided under Oral Surgery in the EOC.
10. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions.
11. Oral hygiene instruction and periodontal exam.
12. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture.

COVERAGE AND WHAT YOU PAY

Coverage and what you pay	CLASSIC CHOICE DENTAL
Oral/Maxillofacial Surgery <ul style="list-style-type: none"> • Surgical and non-surgical extractions for tooth removal, including pre- and post-operative care. • Bone grafting as part of surgical procedure. 	20% coinsurance
Major Restorative Services <ul style="list-style-type: none"> • Emergency services – major procedures. • Special restorative procedures to restore lost tooth structure as a result of tooth decay or fracture. • Crowns, when the amount of lost tooth structure does not enable the placement of a filling material. • Cast onlays for treatment of severe carious lesions and severe fractures when the tooth cannot be restored with amalgam, porcelain, or plastic crown. 	50% coinsurance
Prosthetics <ul style="list-style-type: none"> • Repairs and adjustments on removable and fixed bridges, standard partial dentures, and full dentures for the replacement of fully extracted permanent teeth. 	50% coinsurance
Implant services <ul style="list-style-type: none"> • Surgical placement of an implant body to replace single missing natural anterior (front) tooth. • Porcelain or ceramic crown over implant body. 	50% coinsurance

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| <p>13. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the EOC.</p> <p>14. Analgesia (nitrous oxide).</p> <p>15. Removable unilateral dentures.</p> <p>16. Temporary procedures.</p> <p>17. Splinting.</p> <p>18. Consultations by the treating provider and office visits.</p> <p>19. 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</p> | <p>any member who has been continuously covered under the comprehensive dental benefit package for more than 24 months.</p> <p>20. Occlusal analysis, occlusal guards (night guards) and occlusal adjustments (limited and complete).</p> <p>21. Veneers (bonding of coverings to the teeth).</p> <p>22. Orthodontic treatment procedures.</p> <p>23. Corrections to congenital conditions, other than for congenital missing teeth.</p> <p>24. Athletic mouth guards.</p> <p>25. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the EOC.</p> <p>26. Space maintainers.</p> |
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Enrollment

Choose a clinic

Select a primary care clinic from the Primary Care Clinic Listing found in your packet. Within this clinic, you may see any doctor. You may see any specialist in our network without a referral.

Forms by mail

We must receive your enrollment application by (not postmarked by) the end of the month prior to when you want coverage to start.

Once we receive your enrollment application, you:

- May receive a call from us if any required information is missing from the enrollment form.
- Will get a letter within 15 days to verify your enrollment.
- May receive a letter from us if you did not have a Medicare Part D plan from the date you were first eligible.
- Will get a new member packet.
- Will get a UCare member identification card that you can begin using on your effective date.

If your employer is paying your premium, we will bill them directly.

Should you require medical services or prescription drugs before you receive your ID card, please call Customer Services at 1-877-447-4385 (TTY 800-688-2534).

How to pay your premiums

You can choose to pay your premium either by: **Automatic Payment/Electronic Funds Transfer (EFT), or Mail.** You cannot charge your premium to a credit card. Please do not send money with your enrollment form.

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-447-4385.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit ucare.org or call 1-877-447-4385 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2020.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

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 through the Point-of-Service benefit at different cost-share levels.

Note: You maintain excellent coverage even while traveling.

Learn about special services

Care management

UCare provides extra support to members with short-term or complex health needs, and social service needs. A case manager is available to you based on such factors as your use of acute services, your health assessment or provider referral.

We offer care management to members with select diagnoses who transition to home from a hospital or skilled nursing facility. Care management may entail communication with a facility discharge planner, medication reconciliation, assistance with scheduling follow-up appointments, and ensuring home care services are in place if ordered by your provider. Case managers coordinate services across the continuum of health care. They conduct care management by phone during business hours.

Prior authorizations

We cover some services listed in the benefits chart only if your doctor or other provider gets approval from us in advance. Some of the covered services that need such approval include inpatient rehabilitation services, genetic molecular diagnosis test, spine surgery, bone growth stimulators and spinal cord stimulators. Other services that require pre-authorization are marked with an ^ in the chart. For more information on services that require prior authorization by your provider, go to [ucare.org](https://www.ucare.org).

The Benefits Chart section of the Evidence of Coverage includes this information for each of

our UCare Medicare Plans. This information is also at [ucare.org](https://www.ucare.org).

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 include 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 member. 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.
- Hearing aids or exams to fit hearing aids.
- Eyeglasses (except some coverage included with our Complete, Classic and Total Plans), radial keratotomy, LASIK surgery, vision therapy and other low vision aids. However, one pair of eyeglasses (or contact lenses) are covered for people after cataract surgery.
- 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.

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>.

Notice of privacy practices

Effective date: July 1, 2013

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.

Questions?

If you have questions or want to file a complaint, you may contact our Privacy Officer at UCare, Attn: Privacy Officer, P.O. Box 52, Minneapolis, MN 55440-0052. 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.

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

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, gender, 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.

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 use or disclose any genetic information for the purpose of underwriting.

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.

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 Services 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.

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

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

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

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

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

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

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

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-6500/1-866-457-7144 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ပတ်သည့်ပတ်သေး-နမူကတိက ကညီ ကျိတ်အယ်, နမူနာ ကျိတ်အတော်မစာလော တလက်ဘူလ်စု နီတမံဘတ်သုနုလီ. ကိ: 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534).

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

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្មើស គឺអាចមានសរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 612-676-6500/1-866-457-7144 (TTY: 612-676-6810/1-800-688-2534)។

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

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

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

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



500 Stinson Blvd
Minneapolis MN 55413
612-676-6900 | 1-877-598-6574 | TTY 1-800-688-2534
8 am – 8 pm, 7 days a week
ucare.org