

# Minnesota Senior Health Options (MSHO) (HMO SNP) offered by UCare **ANNUAL NOTICE OF CHANGES FOR 2019**

You are currently enrolled as a member of UCare's Minnesota Senior Health Options (MSHO). Next year, there will be some changes to the plan's benefits, coverage, rules, and costs. This Annual Notice of Changes tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the Member Handbook, which will be available at a later date.

**Toll Free 1-800-203-7225, TTY 1-800-688-2534**

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

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ما أذلاحة: إرتد مساعدة مجانية لتجربة هذه الوثيقة، ال على الرقم أعلاه

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

UCare's MSHO will accept all eligible people who choose the Plan. We will not discriminate in regard to your physical or mental condition, health status, need for or receipt of health services, claims experience, medical history, genetic information, disability, marital status, age, sex, sexual orientation, national origin, race, color, religion, or political beliefs. UCare's MSHO will not use any policy or practice that has the effect of such discrimination.

CB5 (MCOs) (3-2018)

## **Civil Rights Notice**

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

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

**Auxiliary Aids and Services.** UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

**Language Assistance Services.** UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

## **Civil Rights Complaints**

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may contact any of the following four agencies directly to file a discrimination complaint.

### **U.S. Department of Health and Human Services' Office for Civil Rights (OCR)**

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex

Contact the **OCR** directly to file a complaint:

Director  
U.S. Department of Health and Human Services' Office for Civil Rights  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201  
800-368-1019 (Voice)  
800-537-7697 (TDD)  
Complaint Portal – <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

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

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
Freeman Building, 625 North Robert Street  
St. Paul, MN 55155  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (Fax)  
Info.MDHR@state.mn.us (Email)

### **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

### **UCare Complaint Notice**

You have the right to file a complaint with UCare if you believe you have been discriminated against in our health care programs because of any of the following:

- medical condition
- health status
- receipt of health care Services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

#### **UCare**

Attn: Appeals and Grievances  
PO Box 52  
Minneapolis, MN 55440-0052  
Toll free: 1-800-203-7225

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

# Annual Notice of Changes for 2019

## Table of Contents

<b>SECTION A</b>	<b>Disclaimers</b> .....	<b>7</b>
<b>SECTION B</b>	<b>Reviewing Your Medicare and Medical Assistance (Medicaid) Coverage for Next Year</b> .....	<b>7</b>
Section B1	Additional Resources.....	7
Section B2	Information about our plan.....	8
Section B3	Important things to do:.....	8
<b>SECTION C</b>	<b>Changes to the network providers and pharmacies</b> .....	<b>9</b>
<b>SECTION D</b>	<b>Changes to benefits and costs for next year</b> .....	<b>10</b>
Section D1	Changes to prescription drug coverage.....	11
Section D2	Changes to prescription drug costs.....	12
Section D3	Stage 1: “Initial Coverage Stage” .....	13
Section D4	Stage 2: “Catastrophic Coverage Stage” .....	14
<b>SECTION E</b>	<b>How to choose a plan</b> .....	<b>14</b>
Section E1	How to stay in our plan.....	14
Section E2	How to change plans.....	14
<b>SECTION F</b>	<b>How to get help</b> .....	<b>17</b>
Section F1	Getting help from UCare’s MSHO .....	17
Section F2	Getting help from the Ombudsman for Public Managed Health Care Programs.....	18
Section F3	Getting help from the State Health Insurance Assistance Program (SHIP) .....	18
Section F4	Getting help from Medicare .....	18

**?** **If you have questions**, please call UCare’s Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

## SECTION A Disclaimers

---

UCare's MSHO (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO depends on contract renewal.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information call Customer Services or read the Member Handbook.

## SECTION B Reviewing Your Medicare and Medical Assistance (Medicaid) Coverage for Next Year

---

**It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See Section E2 for more information.**

If you leave our plan, you will still be in the Medicare and Medical Assistance (Medicaid) programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to Section E, *How to choose a plan*, page 13 to see your options).
- For Medical Assistance (Medicaid), if you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's Minnesota Senior Health Options (MSHO) enrollment.

**NOTE:** If you are in a drug management program, you may not be able to join a different plan. See Chapter 5 of your Member Handbook for information about drug management programs.

If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.

---

### Section B1 Additional Resources

---

- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call UCare's MSHO Customer Services at the number at the bottom of this page. The call is free.
- To make a standing request to always get your UCare materials in a language other than English or in an alternate format such as large print, please contact Customer Services at the number listed below.

**?** **If you have questions**, please call UCare's Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

---

## Section B2 Information about our plan

---

- UCare’s MSHO is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare’s MSHO depends on contract renewal.
- Coverage under UCare’s MSHO qualifies as minimum essential coverage (MEC). It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement for MEC.
- UCare’s MSHO is offered by UCare. When this Annual Notice of Changes says “we,” “us,” or “our,” it means UCare. When it says “the plan” or “our plan,” it means UCare’s MSHO.

---

## Section B3 Important things to do:

---

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit and cost changes to make sure they will work for you next year.
  - Look in sections D1 and D2 for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D1 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices, visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **Check to see if your providers and pharmacies will be in our network next year.**
  - Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in Section C for information about our Provider and Pharmacy Directory.

**?** **If you have questions**, please call UCare’s Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).



- **Think about your overall costs in the plan.**

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How do the total costs compare to other coverage options?

- **Think about whether you are happy with our plan.**

**If you decide to stay with UCare’s MSHO:**

If you want to stay with us next year, it’s easy – you don’t need to do anything. If you don’t make a change, you will automatically stay enrolled in our plan.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (see section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month.

## SECTION C Changes to the network providers and pharmacies

---

Our provider and pharmacy networks have changed for 2019.

We strongly encourage you to **review our current Provider and Pharmacy Directory** to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at **ucare.org**. You may also call Customer Services at the number at the bottom of this page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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

**?** **If you have questions**, please call UCare’s Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit **ucare.org**.

## SECTION D Changes to benefits and costs for next year

---

### Changes to benefits for medical services

Please note that the *Annual Notice of Changes* only tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2018 (this year)	2019 (next year)
<b>Post-discharge meals</b>	Post-discharge meals are not covered.	You pay a \$0 copayment for limited meals following a discharge from an inpatient hospital stay. Coverage limited to two meals a day for up to four weeks following discharge for members not eligible for meal benefits through Elderly Waiver.
<b>Post-discharge medication reconciliation</b>	Post-discharge medication reconciliation is not covered.	You pay a \$0 copayment for medication reconciliation provided by a pharmacist at participating pharmacies within 30 days of discharge from an inpatient facility.
<b>Routine foot care</b>	Routine foot care is not covered.	You pay a \$0 copayment for routine footcare not related to a specific diagnosis already covered by Medicare. Coverage limited to one routine foot care visit per month.
<b>Nutritional counseling</b>	Nutritional counseling is not covered.	You pay a \$0 copayment for nutritional counseling sessions not related to a specific diagnosis already covered by Medicare. Coverage limited to five visits per year.

**?** **If you have questions**, please call UCare's Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

	2018 (this year)	2019 (next year)
<b>Personal Emergency Response System (PERS)</b>	Personal Emergency Response System (PERS) is not covered.	You pay a \$0 copayment for Personal Emergency Response System for members with a history / risk of falls who are not eligible for Medicaid PERS coverage through Elderly Waiver.
<b>Dental - supplemental coverage</b>	\$300 annual allowance for preventive dental services not covered by Medicaid or Medicare	You pay a \$0 copayment for an additional dental exam per year, one full mouth x-ray series per five years, one root canal per tooth per lifetime, one root canal re-treatment per tooth per lifetime, up to four periodontal maintenance visits per year, one scaling and root planing per two years, and one porcelain crown fused to high noble metal per year. Additional coverage limits may apply.
<b>Electric toothbrushes</b>	Electric toothbrushes are not covered.	You pay a \$0 copayment for one electric toothbrush and two replacement heads.
<b>Transportation to health club</b>	Transportation to a health club is not covered.	You pay a \$0 copayment for up to three round-trip rides per week to a participating health club.

---

Section D1      Changes to prescription drug coverage

---

### Changes to our Drug List

The List of Covered Drugs is also called the “Drug List.”

An updated List of *Covered Drugs* (Drug List) is located on our website at [ucare.org](http://ucare.org). You may also call Customer Services at the number at the bottom of this page for updated drug information or to ask us to mail you a Drug List.

**?** **If you have questions**, please call UCare’s Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.

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

- **Work with your doctor (or other prescriber) to find a different drug that we cover.**
  - You can call Customer Services at the number at the bottom of this page to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- **Work with your health care provider (or other prescriber) and ask the plan to make an exception to cover the drug.**
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, see Chapter 9 of the *2019 Member Handbook* or call Customer Services at the number at the bottom of this page.
  - If you need help asking for an exception, you can contact Customer Services or your care coordinator. See Chapter 2 and Chapter 3 of the Member Handbook to learn more about how to contact your care coordinator.
- **Ask the plan to cover a temporary supply of the drug.**
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*.)
  - When you get a temporary supply of a drug, you should talk with your health care provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

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

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

---

## Section D2      Changes to prescription drug costs

---

There are two payment stages for your Medicare Part D prescription drug coverage under UCare's MSHO. How much you pay depends on which stage you are in when you get a prescription filled or refilled.

These are the two stages:

**?** **If you have questions**, please call UCare's Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

<b>Stage 1</b> <b>Initial Coverage Stage</b>	<b>Stage 2</b> <b>Catastrophic Coverage Stage</b>
<p>During this stage, <b>the plan pays part of the costs</b> of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, <b>the plan pays all of the costs</b> of your drugs through December 31, 2019.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches \$5,100. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of the *Member Handbook* for more information on how much you will pay for prescription drugs.

---

Section D3      Stage 1: “Initial Coverage Stage”

---

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

Our plan’s Drug List will have only one tier of drugs in 2019. However, what you pay for a drug on the Drug List depends on whether the drug is a generic or brand drug. These amounts apply only during the time when you are in the Initial Coverage Stage.

	<b>2018 (this year)</b>	<b>2019 (next year)</b>
<p><b>Drugs in Tier 1 – Generic Drugs</b> (Generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 – Generic Drugs that is filled at a network pharmacy.</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0/1.25/3.35 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0/1.25/3.40 per prescription.</b></p>
<p><b>Drugs in Tier 1 – Brand Drugs</b> (Brand drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 – Brand Drugs that is filled at a network pharmacy.</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0/3.70/8.35 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0/3.80/8.50 per prescription.</b></p>

**?** **If you have questions**, please call UCare’s Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$5,100. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of the *Member Handbook* for more information how much you will pay for prescription drugs.

---

## Section D4 Stage 2: "Catastrophic Coverage Stage"

---

When you reach the out-of-pocket, \$5,100, limit for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. You will pay nothing while you are in this stage.

## SECTION E How to choose a plan

---

### Section E1 How to stay in our plan

---

We hope to keep you as a member next year.

**You do not have to do anything to stay in our health plan.** If you want to stay in our plan and you do not make a change by December 31, you will automatically stay enrolled in our plan.

---

### Section E2 How to change plans

---

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

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

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

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in UCare's MSHO will end on December 31 and your membership in the new plan will start on January 1.
- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan will start the first day of the next month.

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

**?** **If you have questions**, please call UCare's Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

- You have moved,
- Your eligibility for Medicaid or Extra Help has changed, or
- You are getting care in a nursing home or a long-term care hospital.

Effective January 1, 2019, if you're in a drug management program, you may not be able to change plans.

These are the four ways people can end membership in our plan:

<p><b>1. You can change to:</b></p> <p><b>A different Minnesota Senior Health Options (MSHO) Plan</b></p>	<p><b>Here is what to do:</b></p> <p>Enroll in the new Minnesota Senior Health Options (MSHO) Plan by calling the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711). In Minnesota, the SHIP is called the Senior LinkAge Line®.</p> <p>You will automatically be disenrolled from UCare's MSHO when your new plan's coverage begins.</p>
<p><b>2. You can change to:</b></p> <p><b>A Medicare health plan (such as a Medicare Advantage Plan or Programs of All-inclusive Care for the Elderly (PACE)) and another choice for Medical Assistance (Medicaid) <u>or</u> stay with the current Medical Assistance (Medicaid) services</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711). In Minnesota, the SHIP is called the Senior LinkAge Line®.</li> </ul> <p>You will automatically be disenrolled from UCare's MSHO when your new plan's coverage begins.</p> <p>For Medical Assistance (Medicaid), if you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.</p>

**?** **If you have questions**, please call UCare's Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

<p><b>3. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan and another choice for Medical Assistance (Medicaid) or stay with the current Medical Assistance (Medicaid) services</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711). In Minnesota, the SHIP is called the Senior LinkAge Line®.</li> </ul> <p>You will automatically be disenrolled from UCare’s MSHO when your Original Medicare coverage begins.</p> <p>For Medical Assistance (Medicaid), if you choose to leave our plan, you will be automatically enrolled in our plan’s Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan’s MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.</p>
--	---

**?** **If you have questions**, please call UCare’s Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).



<p><b>4. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan and another choice for Medical Assistance (Medicaid) or stay with the current Medical Assistance (Medicaid) services</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711). In Minnesota, the SHIP is called the Senior LinkAge Line®.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711). In Minnesota, the SHIP is called the Senior LinkAge Line®.</li> </ul> <p>You will automatically be disenrolled from UCare's MSHO when your Original Medicare coverage begins.</p> <p>For Medical Assistance (Medicaid), if you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.</p>
--	---

## SECTION F How to get help

### Section F1 Getting help from UCare's MSHO

Questions? We're here to help. Please call Customer Services at the number at the bottom of this page.

#### **Read your 2019 Member Handbook**

The *2019 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2019 Member Handbook* will be available by October 15. An up-to-date copy of the *2019 Member Handbook* is always available on our website at [ucare.org](http://ucare.org). You may also call Customer Services at the number at the bottom of this page to ask us to mail you a current *Member Handbook*.

**?** **If you have questions**, please call UCare's Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

## Our website

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

---

### Section F2 Getting help from the Ombudsman for Public Managed Health Care Programs

---

The Ombudsman for Public Managed Health Care Programs is an ombudsman program that can help you if you are having a problem with UCare's MSHO. The ombudsman's services are free. The Ombudsman for Public Managed Health Care Program:

- **Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.**
- **Makes sure you have information related to your rights and protections and how you can get your concerns resolved.**
- **Is not connected with us or with any insurance company or health plan. The phone number for the Ombudsman for Public Managed Health Care Programs is 1-651-431-2660 (Twin Cities metro area); 1-800-657-3729 (outside the Twin Cities metro area). TTY users call 711.**

---

### Section F3 Getting help from the State Health Insurance Assistance Program (SHIP)

---

You can also call the State Health Insurance Assistance Program (SHIP). The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. The services are free. In Minnesota, the SHIP is called *the Senior LinkAge Line*®. *Senior LinkAge Line*® counselors can help you understand your MSHO Plan choices and answer questions about switching plans. The *Senior LinkAge Line*® is not connected with us or with any insurance company or health plan. The phone number for the *Senior LinkAge Line*® is 1-800-333-2433 (TTY users call 711).

---

### Section F4 Getting help from Medicare

---

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

## Medicare's website

You can visit the Medicare website (<http://www.medicare.gov>). If you choose to disenroll from your MSHO Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans. You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on "Find health & drug plans.")

**?** **If you have questions**, please call UCare's Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

## **Medicare & You 2019**

You can read *Medicare & You 2019* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

## **Getting help from Medical Assistance (Medicaid)**

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

**?** **If you have questions**, please call UCare's Minnesota Senior Health Options (HMO SNP) Customer Services at 612-676-6868 or 1-866-280-7202 toll free, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, 7 days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).



P.O. Box 52  
Minneapolis, MN 55440-0052

612-676-6868 | 1-866-280-7202  
TTY 612-676-6810 | 1-800-688-2534  
8 am – 8 pm, 7 days a week

**[ucare.org](https://ucare.org)**