

UCare Connect + Medicare (HMO D-SNP): Summary of Benefits 2020

Introduction

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

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If you have questions, please call UCare Connect + Medicare Customer Services at 612-676-3310 or 1-855-260-9707 (toll free), TTY 612-676-6810 or 1-800-688-2534 (toll free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](https://www.ucare.org).

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A. Disclaimers



This is a summary of health services covered by UCare Connect + Medicare for 2020. Please read the *Evidence of Coverage* for the full list of benefits. If you don't have an *Evidence of Coverage*, call UCare Connect + Medicare Customer Services at the number at the bottom of this page to get one.

- ❖ UCare Connect + Medicare is for people who:
 - Are at least 18 years of age and under age 65
 - Have a certified disability through Social Security Administration or the State Medical Review Team
 - Live in the service area
 - Have Medicare Parts A and B and Medical Assistance (Medicaid)
- ❖ Under UCare Connect + Medicare you can get your Medicare and Medical Assistance (Medicaid) services in one health plan. A UCare Connect + Medicare case manager will help manage your health care needs.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* Handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medical Assistance (Medicaid)**, call the Minnesota Department of Human Services at 1-651-431-2670 or toll-free at 1-800-657-3739. TTY users should call 1-800-627-3529.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Services at the number at the bottom of this page.
- ❖ To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Customer Services at the number at the bottom of this page.
- ❖ This information is not a complete description of benefits. Call Customer Services at the bottom of this page for more information.
- ❖ UCare Connect + Medicare (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in Connect + Medicare depends on contract renewal.



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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Special Needs BasicCare (SNBC) plan?	<p>Our plan is part of the Special Needs BasicCare (SNBC) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for people with disabilities ages 18 through 64. Our plan combines your Medicare and Medical Assistance (Medicaid) services. It combines your doctors, hospital, pharmacies, home health care, nursing home care, and other health care providers into one coordinated care system. It also has case managers to help you manage all your providers and services. They all work together to provide the care you need.</p> <p>Our SNBC program is called UCare Connect + Medicare.</p>
Will you get the same Medicare and Medical Assistance (Medicaid) benefits in UCare Connect + Medicare that you get now?	<p>If you are coming to UCare Connect + Medicare from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and Medical Assistance (Medicaid) benefits directly from UCare Connect + Medicare. You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in UCare Connect + Medicare, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that UCare Connect + Medicare does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for UCare Connect + Medicare to cover your drug, if medically necessary. For more information, call Customer Services.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Can you go to the same health care providers you see now?</p>	<p>That is often the case. If your providers (including doctors and pharmacies) work with UCare Connect + Medicare and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” In most cases, you must use the providers in UCare Connect + Medicare’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UCare Connect + Medicare’s network. You may also use out-of-network providers for open access services and in cases when UCare Connect + Medicare authorizes the use of out-of-network providers. <p>To find out if your providers are in the plan’s network, call Customer Services or read UCare Connect + Medicare’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at ucare.org for the most current listing.</p> <p>If UCare Connect + Medicare is new for you, you can continue seeing the providers you go to now for up to 120 days in certain situations. For more information call Customer Services.</p>
<p>What happens if you need a service but no one in UCare Connect + Medicare’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, UCare Connect + Medicare will pay for the cost of an out-of-network provider. A prior authorization may be required before getting services from out-of-network providers.</p>
<p>What is a case manager?</p>	<p>A case manager is your main contact person. This person helps manage all your providers and services and makes sure you get what you need.</p>

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Frequently Asked Questions (FAQ)	Answers
<p>Where is UCare Connect + Medicare available?</p>	<p>The service area for this plan includes the following counties in Minnesota: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Faribault, Fillmore, Hennepin, Houston, Isanti, Itasca, Jackson, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnommen, Marshall, Martin, Mille Lacs, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Washington, Watonwan, Wilkin, Winona, Wright, Yellow Medicine. You must live in one of these counties to join the plan. Call Customer Services for more information about whether the plan is available where you live.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from UCare Connect + Medicare before you can get a specific service or drug or see an out-of-network provider. UCare Connect + Medicare may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>See Chapter 3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p>
<p>What is Extra Help?</p>	<p>Extra Help is a Medicare program that helps people with limited incomes and resources reduce their Medicare Part D prescription drug costs such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."</p> <p>Your prescription drug copays under UCare Connect + Medicare already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. These calls are free.</p>

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Frequently Asked Questions (FAQ)	Answers
Do you pay a monthly amount (also called a premium) as a member of UCare Connect + Medicare?	No. Because you have Medical Assistance (Medicaid), you will not pay any monthly premiums for your health coverage. You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.
Do you pay a deductible as a member of UCare Connect + Medicare?	No. You do not pay deductibles in UCare Connect + Medicare.
What is the maximum out-of-pocket amount that you will pay for medical services as a member of UCare Connect + Medicare?	There is no cost-sharing for medical services in UCare Connect + Medicare, so your annual out-of-pocket costs will be \$0.



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C. List of Covered Services

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

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



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details.
	Urgently needed care	\$0	Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services are NOT covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	\$0	
	X-rays or other pictures, such as CAT scans	\$0	
	Screening tests, such as tests to check for cancer	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	
You need dental care	Dental services, including preventive care	\$0	Prior authorization may be required.
You need eye care	Eye exams	\$0	
	Glasses or contact lenses	\$0	<p>Eyeglasses limited to one pair every 24 months unless medically necessary.</p> <p>Limited to a pair of eyeglasses or contact lenses after each cataract surgery, or contact lenses for certain conditions when eyeglasses will not work.</p> <p>Anti-glare lens coating, once every two years.</p>
	Other vision care including diagnosis and treatment for diseases and conditions of the eye	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization may be required. State eligibility requirements may apply.
	Inpatient care for people who need long-term mental health services	\$0	Prior authorization may be required. State eligibility requirements may apply.
You have a substance use disorder	Substance use disorder services	\$0	Prior authorization may be required.
You need a place to live with people available to help you	Skilled nursing care	\$0	Prior authorization may be required.
	Nursing home care	\$0	Prior authorization may be required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits. Prior authorization may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services	Ambulance services	\$0	Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network.
	Emergency transportation	\$0	
	Transportation to a health care provider for medical appointments	\$0	<p>UCare Connect + Medicare is not required to provide transportation to your primary care clinic if it is over 30 miles from your home.</p> <p>UCare Connect + Medicare is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home.</p>
	Transportation to other health services	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your health care provider in his or her office, some oral anti-cancer drugs, and some drugs used with certain medical equipment. Read the <i>Evidence of Coverage</i> for more information on these drugs.</p> <p>Some Medicare Part B drugs may need prior authorization or have step therapy requirements.</p> <p>Prior authorization may be required.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Tier 1 Generic drugs (no brand name)</p>	<p>\$0/\$1.30/\$3.60 for a 30-day supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please see UCare Connect + Medicare's <i>List of Covered Drugs</i> (Drug List) at ucare.org for more information.</p> <p>UCare Connect + Medicare may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from UCare Connect + Medicare for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling,</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>		<p>When you reach the out-of-pocket limit of \$6,350 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0.</p>	<p>provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is up to a 90-day supply. It costs you the same as a one-month supply and is available at retail pharmacy locations or through mail order.</p>
	<p>Tier 1 Brand name drugs</p>	<p>\$0/\$3.90/\$8.95 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see UCare Connect + Medicare’s <i>List of Covered Drugs</i> (Drug List) at ucare.org for more information.</p> <p>UCare Connect + Medicare may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>		<p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p> <p>When you reach the out-of-pocket limit of \$6,350 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0.</p>	<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from UCare Connect + Medicare for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>For some drugs, you can get a long-term supply (also called an “extended supply”) when you fill your prescription. A long-term supply is up to a 90-day supply. It costs you the same as a one-month supply and is available at retail pharmacy locations or through mail order.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Diabetes medications</p>	<p>\$0/\$1.30/\$3.60 or \$0/\$3.90/\$8.95 for a 30-day supply.</p> <p>Copays for diabetes medications will vary depending on whether they are Generic or Brand and based on the level of Extra Help you get. Please contact the plan for more details. When you reach the out-of-pocket limit of \$6,350 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0.</p>	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment for home care	\$0	Prior authorization may be required.
You need foot care	Podiatry services	\$0	
	Orthotic services	\$0	
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Customer Services or read the <i>Evidence of Coverage</i> for more information.)	\$0	Prior authorization may be required.
You need help living at home	Home health care services	\$0	Prior authorization may be required. State eligibility requirements may apply.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	
Additional services (continued on the next page)	Acupuncture	\$0	
	Care coordination	\$0	
	Chiropractic services	\$0	Prior authorization may be required.
	Diabetic supplies	\$0	There are limitations on the test strips and meters covered. Please see UCare Connect + Medicare's <i>List of Covered Drugs</i> (Drug List) for more information.
	Family planning	\$0	
	Prosthetic services	\$0	
	Services to help manage your disease	\$0	
	24/7 Nurse Line	\$0	
	Connect to Wellness Kit	\$0	At-home fitness and wellness kits.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Dental services	\$0	One additional dental exam per year, one root planing and scaling per two years. Additional coverage limits may apply. One electric toothbrush every three years, one package of two electric toothbrush replacement heads per year.
	Post-discharge Medication Reconciliation	\$0	Medication reconciliation provided by a pharmacist at participating pharmacies within 30 days of discharge from an inpatient facility.
	Routine foot care	\$0	For routine foot care (not related to a specific diagnosis already covered by Medicare). Coverage limited to one routine foot care visit per month.
	SilverSneakers® Fitness Program	\$0	Fitness program including a free membership at participating locations.
	Smoking and tobacco use cessation	\$0	UCare members can get free help to quit smoking or chewing tobacco with the tobacco quit line. Call the tobacco quit line at 1-855-260-9713 to get started today. TTY users should call 711. Or online at https://myquitforlife.com/ucare .



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Dental Care for U	\$0	<p>UCare Dental Connection</p> <p>651-768-1415 (local) or 1-855-648-1415 TTY/hearing impaired: 711 Monday – Friday, 7 am – 7 pm</p> <p>You can also call Customer Services at the number at the bottom of this page.</p> <p>Mobile Dental Clinic Appointments</p> <p>1-866-451-1555, TTY: 1-800-627-3529 Monday – Friday, 8 am – 4:30 pm www.ucare.org/mdc</p>

This summary of benefits is provided for informational purposes only and is not a complete list of benefits. Call Customer Services or read the *Evidence of Coverage* to find out about other covered services.



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D. Services covered outside of UCare Connect + Medicare

This is not a complete list. Call Customer Services to find out about other services not covered by UCare Connect + Medicare but available through Medicare.

Other services covered by Medicare	Your costs
Some hospice care services	\$0

E. Services not covered by UCare Connect + Medicare, Medicare, or Medical Assistance (Medicaid)

This is not a complete list. Call Customer Services to find out about other excluded services.

Services not covered by UCare Connect + Medicare, Medicare, or Medical Assistance (Medicaid)
Services not considered “reasonable and necessary” according to standards of Medicare and Medical Assistance (Medicaid)
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless criteria is met
LASIK surgery

F. Your rights as a member of the plan

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



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- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time during the year
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. UCare Connect + Medicare will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgently needed care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency
 - See an out-of-network urgent or emergency care provider, when necessary



If you have questions, please call UCare Connect + Medicare Customer Services at 612-676-3310 or 1-855-260-9707 (toll free), TTY 612-676-6810 or 1-800-688-2534 (toll free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](https://www.ucare.org).

UCare Connect + Medicare (HMO D-SNP): Summary of Benefits 2020

- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a State Appeal (State Fair Hearing)
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the UCare Connect + Medicare *Evidence of Coverage*. If you have questions, you can also call UCare Connect + Medicare Customer Services.

G. What to do if you want to file a complaint or appeal a denied service or drug

If you have a complaint or think UCare Connect + Medicare should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the UCare Connect + Medicare *Evidence of Coverage*. You can also call UCare Connect + Medicare Customer Services.

- **For oral grievances and complaints, call UCare Connect + Medicare Customer Services:**
612-676-3310 or 1-855-260-9707, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, seven days a week.
- **For oral appeals, call UCare Appeals and Grievances:**
612-676-6841 or 1-877-523-1517, TTY 612-676-6810 or 1-800-688-2534, 8 am – 4:30 pm, Monday – Friday.
- **For written appeals, grievances and complaints, mail UCare at:**
UCare
Attn: Appeals and Grievances
P.O. Box 52
Minneapolis, MN 55440-0052
- **You can also fax your written appeal, grievance or complaint to UCare at:** 612-884-2021 or 1-866-283-8015
- **Or email us at:** cag@ucare.org



If you have questions, please call UCare Connect + Medicare Customer Services at 612-676-3310 or 1-855-260-9707 (toll free), TTY 612-676-6810 or 1-800-688-2534 (toll free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit ucare.org.

UCare Connect + Medicare (HMO D-SNP): Summary of Benefits 2020

H. What to do if you suspect fraud

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

If you think a health care provider, hospital or pharmacy is doing something wrong, please contact us.

- Call UCare Connect + Medicare Customer Services. Phone numbers are at the bottom of the page.
- Call UCare's Connect + Medicare Fraud Hot Line: 1-877-826-6847, 24 hours a day, seven days a week (Calls to this number are free). TTY users call 612-676-6810 or 1-800-688-2534 (Calls to this number are free), 8 am – 8 pm, seven days a week.
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Minnesota Fraud Hotline at 1-800-627-9977.



If you have questions, please call UCare Connect + Medicare Customer Services at 612-676-3310 or 1-855-260-9707 (toll free), TTY 612-676-6810 or 1-800-688-2534 (toll free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](https://www.ucare.org).

UCare Connect + Medicare (HMO D-SNP): Summary of Benefits 2020

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 612-676-3310 or 1-855-260-9707, TTY 612-676-6810 or 1-800-688-2534, 8 am – 8 pm, seven days a week.

Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit ucare.org or call 612-676-3310 or 1-855-260-9707, TTY 612-676-6810 or 1-800-688-2534 to view a copy of the EOC.
- Review the *Provider and Pharmacy 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 *Provider and Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine 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

- 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/co-insurance may change on January 1, 2021.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.



If you have questions, please call UCare Connect + Medicare Customer Services at 612-676-3310 or 1-855-260-9707 (toll free), TTY 612-676-6810 or 1-800-688-2534 (toll free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit ucare.org.

UCare Connect + Medicare (HMO D-SNP): Summary of Benefits 2020

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call UCare Connect + Medicare Customer Services:

612-676-3310 or 1-855-260-9707 (Calls to this number are free.)

8 am – 8 pm, seven days a week.

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

TTY 612-676-6810 or 1-800-688-2534 (Calls to this number are free.)

8 am – 8 pm, seven days a week.

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

If you have questions about your health:

- Call your clinic if it's open. Follow your clinic's instructions for getting care when the clinic is closed.
- If your clinic is closed, you can also call the 24/7 Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: urgently needed care, emergency room). The numbers for the 24/7 Nurse Line are:

1-800-942-7858 (Calls to this number are free.)

24 hours a day, seven days a week.

UCare Connect + Medicare also has free language interpreter services available for non-English speakers.

TTY 1-855-307-6976 (Calls to this number are free.)

24 hours a day, seven days a week.

If you need immediate behavioral health care, please call the Behavioral Health Triage Line

612-676-6533 or 1-833-276-1185 (Calls to this number are free.)

8 am – 5 pm, Monday – Friday

UCare Connect + Medicare also has free language interpreter services available for non-English speakers.

TTY 612-676-6810 or 1-800-688-2534 (Calls to this number are free.)

8 am – 5 pm, Monday – Friday

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If you have questions, please call UCare Connect + Medicare Customer Services at 612-676-3310 or 1-855-260-9707 (toll free), TTY 612-676-6810 or 1-800-688-2534 (toll free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](https://www.ucare.org).