UCare Connect + Medicare (HMO D-SNP) offered by UCare Minnesota

*Annual Notice of Changes for 2020*

You are currently enrolled as a member of UCare Connect + Medicare. Next year, there will be some changes to the plan’s costs and benefits. *This booklet tells about the changes.*
Attention. If you need free help interpreting this document, call the above number.

What does this mean? If you need help understanding this document, call the number above.

What does this mean? If you need help understanding this document, call the number above.

What does this mean? If you need help understanding this document, call the number above.

What does this mean? If you need help understanding this document, call the number above.

What does this mean? If you need help understanding this document, call the number above.
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](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
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.

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
TTY: 1-800-688-2534
Fax: 612-884-2021
Email: cag@ucare.org

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.
What to do now

1. **ASK:** Which changes apply to you

   - Check the changes to our benefits and costs to see if they affect you.
     - It’s important to review your coverage now to make sure it will meet your needs next year.
     - Do the changes affect the services you use?
     - Look in Sections 1.1 and 1.5 for information about benefit and cost changes for our plan.

   - Check the changes in the booklet to our prescription drug coverage to see if they affect you.
     - Will your drugs be covered?
     - Are your drugs in a different tier, with different cost-sharing?
     - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
     - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
     - Review the 2020 Drug List and look in Section 1.6 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](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 doctors and other providers will be in our network next year.
     - Are your doctors, including specialists you see regularly, in our network?
     - What about the hospitals or other providers you use?
     - Look in Section 1.3 for information about our *Provider and Pharmacy Directory*.

   - Think about your overall health care costs.
     - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
     - How much will you spend on your premium and deductibles?
     - How do your total plan costs compare to other Medicare coverage options?
Think about whether you are happy with our plan.

2. **COMPARE**: Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. **CHOOSE**: Decide whether you want to change your plan

- If you want to **keep** UCare Connect + Medicare, you don’t need to do anything. You will stay in UCare Connect + Medicare.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in Section 3.2, page 11 to learn more about your choices.

4. **ENROLL**: To change plans, join a plan between **October 15** and **December 7, 2019**

- If you don’t join another plan by **December 7, 2019**, you will stay in UCare Connect + Medicare.
- If you join another plan between **October 15** and **December 7, 2019**, your new coverage will start on **January 1, 2020**.

**Additional Resources**

- Please contact our Customer Services number at 612-676-3310 or 1-855-260-9707 (toll free) for additional information. (TTY users should call 612-676-6810 or 1-800-688-2534 (toll free).) Hours are 8 am – 8 pm, seven days a week.
- Upon request, we can give you information in Braille, in large print, or other alternate formats if you need it.

- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About UCare Connect + Medicare**

- 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 UCare Connect + Medicare depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means UCare Minnesota. When it says “plan” or “our plan,” it means UCare Connect + Medicare.
# Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for UCare Connect + Medicare in several important areas. **Please note this is only a summary of changes.** A copy of the Evidence of Coverage is located on our website at [ucare.org](http://ucare.org). You may also call Customer Services to ask us to mail you an Evidence of Coverage.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly plan premium</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Doctor office visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visits:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist visits:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 copay per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient hospital stays</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Includes inpatient acute, inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>rehabilitation, long-term care hospitals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and other types of inpatient hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>services. Inpatient hospital care starts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the day you are formally admitted to the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hospital with a doctor’s order. The day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>before you are discharged is your last</td>
<td></td>
<td></td>
</tr>
<tr>
<td>inpatient day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Part D prescription drug coverage</strong></td>
<td>Deductible: $0</td>
<td>Deductible: $0</td>
</tr>
<tr>
<td>(See Section 1.6 for details.)</td>
<td>Copayment during the Initial Coverage Stage:</td>
<td>Copayment during the Initial Coverage Stage:</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 1 Generic (covered generic drugs): $0/1.25/3.40</td>
<td>• Drug Tier 1 Generic (covered generic drugs): $0/1.30/3.60</td>
</tr>
<tr>
<td></td>
<td>• Drug Tier 1 Brand (covered brand drugs): $0/3.80/8.50</td>
<td>• Drug Tier 1 Brand (covered brand drugs): $0/3.90/8.95</td>
</tr>
</tbody>
</table>
### Cost

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum out-of-pocket amount</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>This is the <strong>most</strong> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</td>
<td>If you are eligible for Medicare cost-sharing assistance under Medical Assistance (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</td>
<td>If you are eligible for Medicare cost-sharing assistance under Medical Assistance (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</td>
</tr>
</tbody>
</table>
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SECTION 1  Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medical Assistance (Medicaid).)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum out-of-pocket amount</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Because our members also get assistance from Medical Assistance (Medicaid), very few members ever reach this out-of-pocket maximum. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are no changes to your maximum out-of-pocket amount for 2020.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once you have paid $0 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider and Pharmacy Directory is located on our website at ucare.org. You may also call Customer Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. Please review the 2020 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Provider and Pharmacy Directory is located on our website at ucare.org. You may also call Customer Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. Please review the 2020 Provider and Pharmacy Directory to see which pharmacies are in our network.
## Section 1.5 – Changes to Benefits and Costs for Medical Services

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

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay)*, in your 2020 *Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at [ucare.org](http://ucare.org). You may also call Customer Services to ask us to mail you an *Evidence of Coverage*.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anti-glare lens coating</strong></td>
<td>Anti-glare lens coating is <strong>not</strong> covered.</td>
<td>You pay a $0 copay for anti-glare lens coating, once every two years.</td>
</tr>
<tr>
<td><strong>Dental – supplemental coverage</strong></td>
<td>Root planing and scaling is <strong>not</strong> covered.</td>
<td>You pay a $0 copay for one root planing and scaling per two years.</td>
</tr>
<tr>
<td><strong>Electric toothbrush</strong></td>
<td>You pay a $0 copay for one electric toothbrush per lifetime.</td>
<td>You pay a $0 copay for one electric toothbrush every three years.</td>
</tr>
<tr>
<td></td>
<td>You pay a $0 copay for one package of two electric toothbrush replacement heads per year.</td>
<td>You pay a $0 copay for one package of two electric toothbrush replacement heads per year.</td>
</tr>
<tr>
<td><strong>Medicare part B prescription drugs</strong></td>
<td>Medicare part B prescription drugs are <strong>not</strong> subject to step therapy requirements.</td>
<td>Medicare part B prescription drugs may be subject to step therapy requirements.</td>
</tr>
<tr>
<td><strong>Opioid treatment services</strong></td>
<td>Opioid treatment services are <strong>not</strong> covered.</td>
<td>You pay a $0 copay for opioid treatment services.</td>
</tr>
<tr>
<td><strong>Routine foot care</strong></td>
<td>Routine foot care is <strong>not</strong> covered.</td>
<td>You pay a $0 copay for routine foot care not related to a specific diagnosis already covered by Medicare. Coverage limited to one routine foot care visit per month.</td>
</tr>
</tbody>
</table>
Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. You can get the complete Drug List by calling Customer Services (see the back cover) or visiting our website (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, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.**
  - To learn what you must do to ask for an exception, see Chapter 9 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call Customer Services.

- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Customer Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy.

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.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), the information about costs for Part D prescription drugs may not apply to you. We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for
Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and haven’t received this insert by September 30, 2019, please call Customer Services and ask for the “LIS Rider.” Phone numbers for Customer Services are in Section 7.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your Evidence of Coverage for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look in your Summary of Benefits or at Chapter 6, Sections 6 and 7, in the Evidence of Coverage.)

### Changes to the Deductible Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1: Yearly Deductible Stage</td>
<td>Because we have no deductible, this payment stage does not apply to you.</td>
<td>Because we have no deductible, this payment stage does not apply to you.</td>
</tr>
</tbody>
</table>
Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs in your Evidence of Coverage.*

<table>
<thead>
<tr>
<th>Stage</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2: Initial Coverage Stage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During this stage, the plan pays its share of the cost of your drugs and <strong>you pay your share of the cost.</strong></td>
<td>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</td>
<td>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</td>
</tr>
<tr>
<td></td>
<td>• <strong>Drug Tier 1 Generic</strong> <em>(covered generic drugs): $0/1.25/3.40 per prescription</em></td>
<td>• <strong>Drug Tier 1 Generic</strong> <em>(covered generic drugs): $0/1.30/3.60 per prescription</em></td>
</tr>
<tr>
<td></td>
<td>• <strong>Drug Tier 1 Brand</strong> <em>(covered brand drugs): $0/3.80/8.50 per prescription</em></td>
<td>• <strong>Drug Tier 1 Brand</strong> <em>(covered brand drugs): $0/3.90/8.95 per prescription</em></td>
</tr>
</tbody>
</table>

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

Once you have paid $5,100 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Once you have paid $6,350 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

*Your copay depends upon your income level and institutional status.

Changes to the Coverage Gap and Catastrophic Coverage Stages

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage stages for people with high drug costs. **Most members do not reach either stage.**

For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage.*
## SECTION 2 Administrative Changes

<table>
<thead>
<tr>
<th></th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
</table>
| Minnesota’s Quality Improvement Organization | KEPRO  
5201 West Kennedy Blvd.  
Suite 900  
Tampa, FL 33609  
1-855-408-8557  
TTY 1-855-843-4776  | Livanta  
10820 Guilford Road,  
Suite 202  
Annapolis Junction, MD  
20701  
1-888-524-9900  
TTY 1-888-985-8775  |
| Service Area Expansion | 2019 Service Area Connect + Medicare:  
Anoka, Carver, Dakota, Hennepin, Olmsted, Ramsey, Scott, Sherburne, Stearns, Washington, Wright | 2020 Service Area Connect + Medicare:  
SECTION 3  Deciding Which Plan to Choose

Section 3.1 – If you want to stay in UCare Connect + Medicare

To stay in our plan you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2020.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read Medicare & You 2020, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov and click “Find health & drug plans.” Here, you can find information about costs, coverage, and quality ratings for Medicare plans.

As a reminder, UCare Minnesota offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from UCare Connect + Medicare.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from UCare Connect + Medicare.
- To change to Original Medicare without a prescription drug plan, you must either:
  - Send us a written request to disenroll. Contact Customer Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
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 have opted out of automatic enrollment.

SECTION 4   Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from now until December 7. The change will take effect on January 1, 2020.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medical Assistance (Medicaid), those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 10, Section 2.3 of the Evidence of Coverage.

SECTION 5   Programs That Offer Free Counseling about Medicare and Medical Assistance (Medicaid)

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Minnesota, the SHIP is called the Senior LinkAge Line®.

The Senior LinkAge Line® is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. The Senior LinkAge Line® counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the Senior LinkAge Line® at 1-800-333-2433 (TTY only, call 711). You can learn more about the Senior LinkAge Line® by visiting their website (http://www.seniorlinkageline.com/).

Minnesota also has a state program called Disability Hub MN, which is an independent program that gives free local health insurance counseling for people with disabilities. Disability Hub MN is independent (not connected with any insurance company or health plan). Trained Disability Hub MN counselors can help you understand your options to combine your Medical Assistance (Medicaid) and Medicare through one managed care plan and understand your Medicare Part D
You can call Disability Hub MN at 1-866-333-2466 (TTY only, call 711). You can learn more about Disability Hub MN by visiting their website (https://disabilityhubmn.org/).

For questions about your Medical Assistance (Medicaid) benefits, contact Minnesota Health Care Programs (MHCP) Member Help Desk, at 1-800-657-3739, Monday – Friday, 8 a.m. – 5 p.m. TTY users should use your preferred relay service. Ask how joining another plan or returning to Original Medicare affects how you get your Medical Assistance (Medicaid) coverage.

### SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medical Assistance (Medicaid), you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medical Assistance (Medicaid) Office (applications).
• **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call ADAP.

<table>
<thead>
<tr>
<th>Method</th>
<th>AIDS Drug Assistance Program (ADAP) – Contact Information</th>
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<tbody>
<tr>
<td>CALL</td>
<td>651-431-2414 (Twin Cities metro) 1-800-657-3761 Calls to this number are free</td>
</tr>
<tr>
<td>TTY</td>
<td>1-800-627-3529 (toll free) or 711</td>
</tr>
<tr>
<td>FAX</td>
<td>651-431-7414</td>
</tr>
<tr>
<td>WRITE</td>
<td>HIV/AIDS Programs Department of Human Services P.O. Box 64972 St. Paul, MN 55164-0972</td>
</tr>
</tbody>
</table>

### SECTION 7 Questions?

#### Section 7.1 – Getting Help from UCare Connect + Medicare

Questions? We’re here to help. Please call Customer Services at 612-676-3310 or 1-855-260-9707 (toll free). (TTY only, call 612-676-6810 or 1-800-688-2534 (toll free).) We are available for phone calls 8 am – 8 pm, seven days a week.

**Read your 2020 Evidence of Coverage (it has details about next year’s benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 *Evidence of Coverage* for UCare Connect + Medicare. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [ucare.org](http://ucare.org). You may also call Customer Services to ask us to mail you an *Evidence of Coverage*.

**Visit 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 network (*Provider and Pharmacy Directory*) and our list of covered drugs (*Formulary/Drug List*).
Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (https://www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov and click on “Find health & drug plans.”)

Read Medicare & You 2020

You can read Medicare & You 2020 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 (https://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.

Section 7.3 – Getting Help from Medical Assistance (Medicaid)

To get information from Medical Assistance (Medicaid) you can call the Minnesota Department of Human Services at 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, Monday – Friday, 8 a.m. – 5 p.m.