

UCare Value (HMO-POS) offered by UCare Minnesota

ANNUAL NOTICE OF CHANGES FOR 2019

You are currently enrolled as a member of UCare Value. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

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 2.1 and 2.4 for information about benefit and cost changes for our plan.

Check to see if your doctors and other providers will be in our network next year.

- Are your doctors in our network?
- What about the hospitals or other providers you use?
- Look in Section 2.3 for information about our Provider 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.

- Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
- 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 Value, you don’t need to do anything. You will stay in our plan.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. **ENROLL:** To change plans, join a plan between **October 15 and December 7, 2018**

- If you **don’t join another plan by December 7, 2018**, you will stay in UCare Value.
- If you **join another plan by December 7, 2018**, your new coverage will start on January 1, 2019.

Additional Resources

- 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> for more information.

About UCare Value

- UCare Minnesota is an HMO-POS plan with a Medicare contract. Enrollment in UCare Minnesota 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 Value.

Notice of Nondiscrimination

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

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

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

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

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

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

Oral grievance

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

Written grievance

Mailing Address

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: cag@ucare.org

Fax: 612-884-2021

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

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

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

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

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

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

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

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

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

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

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

တပ်သွပ်တပ်သွပ်-နမ့်ကတိ ကညီ ကျိန်အယိ, နမန့် ကျိန်အတိမစေလေ တလက်ဘုဂ်လက်စု နိတမံဘဂ်သုန့်လိ. ကိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អលក្ខណៈ គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

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

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

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

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

SUMMARY OF IMPORTANT COSTS FOR 2019

The table below compares the 2018 costs and 2019 costs for UCare Value in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes* and review the *Evidence of Coverage* to see if other benefit or cost changes affect you.**

Cost	2018 (this year)	2019 (next year)
<p>Monthly plan premium*</p> <p>*Your premium may be higher or lower than this amount. (See Section 2.1 for details.)</p>	\$39	\$39
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	\$3,400	\$3,400
<p>Doctor office visits</p>	<p>In-network:</p> <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$35 copay per visit</p> <p>Out-of-network:</p> <p>Primary care visits: 20% coinsurance per visit</p> <p>Specialist visits: 20% coinsurance per visit</p>	<p>In-network:</p> <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$35 copay per visit</p> <p>Out-of-network:</p> <p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$35 copay per visit</p>
<p>Inpatient hospital stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	\$400 copay for each Medicare-covered hospital stay until discharge.	\$400 copay for each Medicare-covered hospital stay until discharge.

Annual Notice of Changes for 2019

Table of Contents

Summary of Important Costs for 2019	5
SECTION 1 We Are Changing the Plan's Name.....	7
SECTION 2 Changes to Benefits and Costs for Next Year	7
Section 2.1 Changes to the monthly premium	7
Section 2.2 Changes to Your Maximum Out-of-Pocket Amount.....	7
Section 2.3 Changes to the Provider Network	7
Section 2.4 Changes to Benefits and Costs for Medical Services	8
SECTION 3 Deciding Which Plan to Choose.....	10
Section 3.1 If you want to stay in UCare Value	10
Section 3.2 If you want to change plans	10
SECTION 4 Deadline for Changing Plans.....	11
SECTION 5 Programs That Offer Free Counseling about Medicare	11
SECTION 6 Programs That Help Pay for Prescription Drugs.....	11
SECTION 7 Questions?.....	12
Section 7.1 Getting Help from our Plan	12
Section 7.2 Getting Help from Medicare.....	13

SECTION 1 We Are Changing the Plan's Name

On January 1, 2019, our plan name will change from *UCare for Seniors Value* to *UCare Value*.

You will receive a new member ID card through the mail in January 2019.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 Changes to the monthly premium

Cost	2018 (this year)	2019 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium)	\$39	\$39
Choice Dental (optional supplemental benefit)	\$20	\$21

Section 2.2 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.

Cost	2018 (this year)	2019 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$3,400	\$3,400 Once you have paid \$3,400 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.

Section 2.3 Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider 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 Directory*. **Please review the 2019 Provider 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, Medicare requires that we 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 2.4 Changes to Benefits and Costs for Medical Services

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, *Medical Benefits Chart (what is covered and what you pay)*, in your *2019 Evidence of Coverage*.

Cost	2018 (this year)	2019 (next year)
Colorectal cancer screening		
<ul style="list-style-type: none"> • Barium enema for people 50 and older every 48 months 	Out-of-network: You pay 0% coinsurance of the total cost every 48 months.	Out-of-network: You pay 20% coinsurance of the total cost every 48 months.
<ul style="list-style-type: none"> • Barium enema for people at high risk of colorectal cancer every 24 months 	You pay 0% coinsurance of the total cost every 24 months.	You pay 20% coinsurance of the total cost every 24 months.
Outpatient hospital services		
<ul style="list-style-type: none"> • Services other than outpatient hospital procedures or surgeries 	You pay 10% coinsurance, up to a maximum of \$50 per day for all other Medicare-covered services other than outpatient procedures or surgeries.	You pay a \$250 copay for all other Medicare-covered services other than outpatient procedures or surgeries.

Cost	2018 (this year)	2019 (next year)
Outpatient mental health	<p>In-network: You pay a \$35 copay per office visit</p> <p>Out-of-network: You pay 20% coinsurance of the total cost per office visit</p>	<p>In-network: You pay a \$35 copay per office visit</p> <p>Out-of-network: You pay a \$35 copay per office visit</p>
Outpatient rehabilitation services (physical therapy, speech therapy, and occupational therapy)	<p>In-network: You pay a \$35 copay per office visit</p> <p>Out-of-network: You pay 20% coinsurance of the total cost per office visit</p>	<p>In-network: You pay a \$35 copay per office visit</p> <p>Out-of-network: You pay a \$35 copay per office visit</p>
Physician/practitioner services	<p>In-network: Primary care visits: You pay a \$0 copay per office visit Specialist visits: You pay a \$35 copay per office visit</p> <p>Out-of-network: Primary care visits: You pay 20% coinsurance of the total cost per office visit Specialist visits: You pay 20% coinsurance of the total cost per office visit</p>	<p>In-network: Primary care visits: You pay a \$0 copay per office visit Specialist visits: You pay a \$35 copay per office visit</p> <p>Out-of-network: Primary care visits: You pay a \$0 copay per office visit Specialist visits: You pay a \$35 copay per office visit</p>
Podiatry services	<p>In-network: You pay a \$35 copay per office visit</p> <p>Out-of-network: You pay 20% coinsurance of the total cost per office visit</p>	<p>In-network: You pay a \$35 copay per office visit</p> <p>Out-of-network: You pay a \$35 copay per office visit</p>
Prostate cancer screening • Digital rectal exam	<p>Out-of-network: You pay 0% coinsurance of the total cost for an annual digital rectal exam</p>	<p>Out-of-network: You pay 20% coinsurance of the total cost for an annual digital rectal exam</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 If you want to stay in UCare Value

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 by December 7, you will automatically stay enrolled as a member of our plan for 2019.

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 2019 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.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2019*, 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 <https://www.medicare.gov> and click “Review and Compare Your Coverage Options.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, UCare 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 our plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from our plan.
- 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).
 - *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2019.

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 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. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2019, 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, 2019. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

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

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. 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 Senior LinkAge Line® at 1-800-333-2433 (toll free). TTY users should call 1-800-627-3529 (toll free) or 711. You can learn more about Senior LinkAge Line® by visiting their website (www.seniorlinkageline.com).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, 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 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in Minnesota. Note: To be eligible for the ADAP

operating in your State, 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.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Monday – Friday, 8:30 a.m. – 4:30 p.m.:

Twin Cities Metro area

651-431-2414 (phone)

651-431-7414 (fax)

Statewide

1-800-657-3761 (phone)

(toll free)

1-800-627-3529 (TTY)

HIV/AIDS Programs

Department of Human

Services

P.O. Box 64972

St. Paul, MN 55164-0972

SECTION 7 Questions?

Section 7.1 Getting Help from our Plan

Questions? We're here to help. Please call Customer Services at 612-676-3600 or 1-877-523-1515 (toll free). (TTY only, call 612-676-6810 or 1-800-688-2534 (toll free).) We are available for phone calls 24 hours a day, 7 days a week.

Read your 2019 *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 2019. For details, look in the 2019 *Evidence of Coverage* for UCare Value. 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.

Visit our Website

You can also visit our website at ucare.org. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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 <https://www.medicare.gov> and click on “Find health & drug plans.”)

Read Medicare & You 2019

You can read the *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 (<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.



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

612-676-3600 | 1-877-523-1515
TTY 612-676-6810 | 1-800-688-2534
24 hours a day, 7 days a week

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