UCare Value (HMO-POS) offered by UCare Minnesota

Annual Notice of Changes for 2020

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 1.1 and 1.4 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, 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 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. COMPAR E: 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 Value, you don’t need to do anything. You will stay in UCare Value.
- 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, 2019

- If you don’t join another plan by December 7, 2019, you will stay in UCare Value.
- If you join another plan by December 7, 2019, your new coverage will start on January 1, 2020.

Additional Resources

- Please contact our Customer Services number at 612-676-3600 or 1-877-523-1515 (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 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.

Y0120_2459_7965_082019_M
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)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-667-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).


XIIYEEFFANNA: Afaan dubbattu Oromoiffa, tajajilha gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bibbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Y: 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).

โปรดให้: ที่ขั้น ที่มีลักษณะ ล่อ, ที่ฝ่ายที่อยู่อาศัยที่จะดูแล, ได้รับเงิน, ตามที่มีผลใช้กับบ. โทร 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

अनुशंसा: प्रवासी शहर लोगों का लिए, पहुँच के साथ अनुमति ले लिए। 612-676-3200/1-800-203-7225 (अनुशंसा अनुरोध करें: 612-676-6810/1-800-688-2534).

การสิ้นเปลืองค่าใช้จ่ายจินตนาการ ซึ่งมีผลต่อแม่น้ำ ด้วยการเรียกคืน 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).


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 2020

The table below compares the 2019 costs and 2020 costs for UCare Value 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. 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>$39</td>
<td>$39</td>
</tr>
<tr>
<td>(See Section 1.1 for details.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maximum out-of-pocket amount</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Network:</td>
<td>$3,400</td>
<td>$3,400</td>
</tr>
<tr>
<td>Out-of-network:</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Doctor office visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network:</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>$35 copay per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-network:</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>$35 copay per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient hospital stays</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$400 copay for each Medicare-covered hospital stay until discharge.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-network:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In-network:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$400 copay for each Medicare-covered hospital stay until discharge.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-network:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% coinsurance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Annual Notice of Changes for 2020**

Table of Contents

Summary of Important Costs for 2020 ................................................................. 1

**SECTION 1** Changes to Benefits and Costs for Next Year ............................... 3

Section 1.1 – Changes to the Monthly Premium .................................................. 3

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount ...................... 4

Section 1.3 – Changes to the Provider Network .................................................. 5

Section 1.4 – Changes to Benefits and Costs for Medical Services ..................... 5

**SECTION 2** Administrative Changes ................................................................. 6

**SECTION 3** Deciding Which Plan to Choose ..................................................... 7

Section 3.1 – If you want to stay in UCare Value .............................................. 7

Section 3.2 – If you want to change plans ......................................................... 7

**SECTION 4** Deadline for Changing Plans .......................................................... 8

**SECTION 5** Programs That Offer Free Counseling about Medicare ................. 8

**SECTION 6** Programs That Help Pay for Prescription Drugs ............................ 9

**SECTION 7** Questions? ..................................................................................... 10

Section 7.1 – Getting Help from UCare Value .................................................... 10

Section 7.2 – Getting Help from Medicare ......................................................... 10
### 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><strong>Monthly premium</strong></td>
<td>$39</td>
<td>$39</td>
</tr>
<tr>
<td>(You must also continue to pay your Medicare Part B premium.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Choice Dental</strong></td>
<td>$21</td>
<td>$22</td>
</tr>
<tr>
<td>(optional supplemental benefit)</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></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network: $3,400</td>
<td></td>
<td>$3,400</td>
</tr>
<tr>
<td>Out-of-network: $10,000</td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>In-network: $3,400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-network: $10,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Out-of-network: $10,000

Once you have paid $10,000 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 1.3 – 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 2020 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, 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 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 2020 Evidence of Coverage.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Aids</td>
<td>Hearing Aids are not covered.</td>
<td>In-network: You get up to two hearing aids per year.</td>
</tr>
<tr>
<td>Cost</td>
<td>2019 (this year)</td>
<td>2020 (next year)</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Hearing Aids (continued)</strong></td>
<td>You pay a $699 copay per aid for Advanced Aids.</td>
<td>You pay a $999 copay per aid for Premium Aids.</td>
</tr>
<tr>
<td></td>
<td><strong>Out-of-network:</strong> Hearing Aids are <strong>not</strong> covered.</td>
<td></td>
</tr>
<tr>
<td><strong>Hearing Aid Fittings and Evaluations</strong></td>
<td>Hearing Aid Fittings and Evaluations are <strong>not</strong> covered.</td>
<td><strong>In-network:</strong> You pay a $0 copay for up to three hearing aid fittings and evaluations per year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Out-of-network:</strong> Hearing Aid Fittings and Evaluations are <strong>not</strong> covered.</td>
</tr>
<tr>
<td><strong>Opioid Treatment Services</strong></td>
<td>Opioid Treatment Services are <strong>not</strong> covered.</td>
<td><strong>In-network:</strong> You pay 10% of the total cost.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Out-of-network:</strong> You pay 20% of the total cost.</td>
</tr>
<tr>
<td><strong>Over-The-Counter (OTC) Allowance</strong></td>
<td>OTC Allowance is <strong>not</strong> covered.</td>
<td>You get a $25 quarterly OTC allowance for use through mail order, online, or in-store at participating retail locations.</td>
</tr>
</tbody>
</table>

**SECTION 2 Administrative Changes**

<table>
<thead>
<tr>
<th>Minnesota’s Quality Improvement Organization</th>
<th>KEPRO</th>
<th>Livanta</th>
</tr>
</thead>
</table>
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 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 timely,
- 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 do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read Medicare & You 2020, call your State Health Insurance Assistance Program (SHIP) (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 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 Value.

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UCare Value.

- 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, 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 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, 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 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 the Minnesota Relay Service at 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 am and 7 pm, 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. You can reach them at the following phone numbers.

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

**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**
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 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 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. A copy of the Evidence of Coverage is located on our website at 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. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

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 https://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.