

UCare Complete (HMO-POS) offered by UCare Minnesota

Annual Notice of Changes for 2021

You are currently enrolled as a member of UCare Complete. 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 1.5 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 2021 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 [go.medicare.gov/drugprices](https://www.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.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
- 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 don't join another plan by December 7, 2020, you will be enrolled in UCare Complete.
- 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, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in UCare Complete.
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Customer Service 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 www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About UCare Complete

- 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 Complete.

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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 አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክሳው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမ္မိကတိ ကညိ ကျိအယိ, နမ္မနိ ကျိအတိမစာလေ တလက်ဘုဂ်လက်စူ နိတမံဘဂ်သုနုဂ်လိ။ ဝိ: 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, រសវាជំនួយវេជ្ជករភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ 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 사용하지는 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 2021

The table below compares the 2020 costs and 2021 costs for UCare Complete 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/formembers. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$99	\$99
<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.</p> <p>(See Section 1.2 for details.)</p>	<p>In-network: \$3,000</p> <p>Out-of-network: \$10,000</p>	<p>In-network: \$3,000</p> <p>Out-of-network: \$7,500</p>
<p>Doctor office visits</p>	<p>In-network: Primary care visits: \$0 copay per visit Specialist visits: \$35 copay per visit</p> <p>Out-of-network: Primary care visits: \$0 copay per visit Specialist visits: \$35 copay per visit</p>	<p>In-network: Primary care visits: \$0 copay per visit Specialist visits: \$30 copay per visit</p> <p>Out-of-network: Primary care visits: \$0 copay per visit Specialist visits: \$30 copay per visit</p>

Cost	2020 (this year)	2021 (next year)
<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>	<p>In-network: \$150 copay per day for days 1-5. Thereafter, you pay a \$0 copay for additional Medicare-covered days.</p> <p>Out-of-network: 20% coinsurance</p>	<p>In-network: \$125 copay for each Medicare-covered hospital stay until discharge.</p> <p>Out-of-network: 20% coinsurance</p>

Cost	2020 (this year)	2021 (next year)
<p>Part D prescription drug coverage (See Section 1.6 for details.)</p> <p>To find out which drugs are select insulins, review the most recent Drug List we provided electronically. If you have questions about the Drug List, you can also call Customer Service (Phone numbers for Customer Service are printed on the back cover of this booklet).</p> <p>Insulins included in this benefit are identified in the Drug List as “select insulins.”</p>	<p>Deductible: \$250</p> <p>Copay or Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: <i>Standard cost sharing:</i> \$12 copay <i>Preferred cost sharing:</i> \$3 copay</p> <p>Drug Tier 2: <i>Standard cost sharing:</i> \$20 copay <i>Preferred cost sharing:</i> \$10 copay</p> <p>Drug Tier 3: <i>Standard cost sharing:</i> \$47 copay <i>Preferred cost sharing:</i> \$40 copay</p> <p>Select Insulins There is <u>no</u> reduced copay for select insulins.</p> <p>Drug Tier 4: <i>Standard cost sharing:</i> 50% coinsurance <i>Preferred cost sharing:</i> 45% coinsurance</p> <p>Drug Tier 5: <i>Standard cost sharing:</i> 28% coinsurance <i>Preferred cost sharing:</i> 28% coinsurance</p>	<p>Deductible: \$235</p> <p>Copay or Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: <i>Standard cost sharing:</i> \$12 copay <i>Preferred cost sharing:</i> \$0 copay</p> <p>Drug Tier 2: <i>Standard cost sharing:</i> \$20 copay <i>Preferred cost sharing:</i> \$10 copay</p> <p>Drug Tier 3: <i>Standard cost sharing:</i> \$47 copay <i>Preferred cost sharing:</i> \$47 copay</p> <p>Select Insulins <i>Standard cost sharing:</i> \$35 copay <i>Preferred cost sharing:</i> \$30 copay</p> <p>Drug Tier 4: <i>Standard cost sharing:</i> 50% coinsurance <i>Preferred cost sharing:</i> 45% coinsurance</p> <p>Drug Tier 5: <i>Standard cost sharing:</i> 28% coinsurance <i>Preferred cost sharing:</i> 28% coinsurance</p>

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$99	\$99

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

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.

Cost	2020 (this year)	2021 (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 and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	In-network: \$3,000	In-network: \$3,000 Once you have paid \$3,000 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.
	Out-of-network: \$10,000	Out-of-network: \$7,500 Once you have paid \$7,500 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 and Pharmacy Directory* is located on our website at ucare.org/searchnetwork. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2021 *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 to manage 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. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

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/searchnetwork. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2021 *Provider and Pharmacy Directory* to see which pharmacies are in our network.**

Section 1.5 – 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 2021 *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Dental services	Dental services are <u>not</u> covered.	<p>You pay a \$0 copay for preventive dental services.</p> <p>\$2,000 combined in-network and out-of-network benefit maximum. \$75 dental deductible per year (does not apply to preventive services or periodontal maintenance).</p> <p>You pay 50% coinsurance of the total cost of non-routine services that are minor procedures (for example surgical and non-surgical extractions for tooth removal including pre and post-operative care), diagnostic services, endodontic services, periodontic services (other than periodontic maintenance), and extractions.</p> <p>You pay 70% coinsurance of the total cost of non-routine services that are major procedures, (for example surgical placement of an implant body to replace a single missing natural tooth), and restorative services.</p>

Cost	2020 (this year)	2021 (next year)
Dialysis services, including outpatient dialysis treatments, self-dialysis training, home dialysis equipment and supplies, and certain home support services	<p>In-network: You pay a \$0 copay for Medicare-covered dialysis services.</p> <p>Out-of-network: You pay a \$0 copay for Medicare-covered dialysis services.</p>	<p>In-network: You pay 20% of the total cost for Medicare-covered dialysis services.</p> <p>Out-of-network: You pay 20% of the total cost for Medicare-covered dialysis services.</p>
Emergency care	You pay a \$100 copay for each emergency room visit.	You pay a \$90 copay for each emergency room visit.
Hearing aids	<p>In-network: You get up to two hearing aids per year.</p> <p>You pay a \$699 copay per aid for Advanced Aids.</p> <p>You pay a \$999 copay per aid for Premium Aids.</p>	<p>In-network: You get up to two hearing aids per year.</p> <p>You pay a \$599 copay per aid for Advanced Aids.</p> <p>You pay a \$899 copay per aid for Premium Aids.</p>
Inpatient hospital care	In-network: You pay a \$150 copay per day for days 1-5. Thereafter, you pay a \$0 copay for additional Medicare-covered days.	In-network: You pay a \$125 copay for each Medicare-covered hospital stay until discharge.
Inpatient mental health care	In-network: You pay a \$150 copay per day for days 1-5. Thereafter, you pay a \$0 copay for additional Medicare-covered days.	In-network: You pay a \$125 copay for each Medicare-covered hospital stay until discharge.

Cost	2020 (this year)	2021 (next year)
Outpatient mental health care	<p>In-network: You pay a \$35 copay for each Medicare-covered visit.</p> <p>Out-of-network: You pay a \$35 copay for each Medicare-covered visit.</p>	<p>In-network: You pay a \$30 copay for each Medicare-covered visit.</p> <p>Out-of-network: You pay a \$30 copay for each Medicare-covered visit.</p>
Outpatient rehabilitation services	<p>In-network: You pay a \$35 copay for each Medicare-covered physical therapy, occupational therapy, and speech language therapy visit.</p> <p>Out-of-network: You pay a \$35 copay for each Medicare-covered physical therapy, occupational therapy, and speech language therapy visit.</p>	<p>In-network: You pay a \$30 copay for each Medicare-covered physical therapy, occupational therapy, and speech language therapy visit.</p> <p>Out-of-network: You pay a \$30 copay for each Medicare-covered physical therapy, occupational therapy, and speech language therapy visit.</p>
Outpatient substance abuse services	<p>In-network: You pay a \$35 copay for each Medicare-covered visit.</p>	<p>In-network: You pay a \$30 copay for each Medicare-covered visit.</p>
Over-the-Counter (OTC) Benefit through Healthy Savings	<p>You get a \$25 OTC allowance every three months.</p>	<p>You get a \$50 OTC allowance every six months.</p>

Cost	2020 (this year)	2021 (next year)
Physician/Practitioner services, including doctor's office visits (including Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Clinical Nurse Specialists, and Physician Assistants)	In-network: You pay a \$35 copay for each Medicare-covered specialist visit. Out-of-network: You pay a \$35 copay for each Medicare-covered specialist visit.	In-network: You pay a \$30 copay for each Medicare-covered specialist visit. Out-of-network: You pay a \$30 copay for each Medicare-covered specialist visit.
Podiatry services	In-network: You pay a \$35 copay for each Medicare-covered visit. Out-of-network: You pay a \$35 copay for each Medicare-covered visit.	In-network: You pay a \$30 copay for each Medicare-covered visit. Out-of-network: You pay a \$30 copay for each Medicare-covered visit.
Skilled nursing facility (SNF) care	In-network: You pay a \$0 copay per day for days 1-20; \$150 copay per day for days 21-100, per benefit period.	In-network: You pay a \$0 copay per day for days 1-20; \$184 copay per day for days 21-100, per benefit period.
Vision care	You get a \$100 combined in and out-of-network eyewear allowance per year.	You get a \$200 combined in and out-of-network eyewear allowance per year.

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.

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 Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service 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. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

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

Utilization management exceptions are assigned for a given timeframe at the time of authorization. You should contact Customer Service 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, please call Customer Service and ask for the “LIS Rider.”

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 at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at ucare.org/formembers. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Tiers 3-5 drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$250 for Tiers 3-5.</p> <p>During this stage, you pay \$12 (standard cost sharing) or \$3 (preferred cost sharing) for drugs in Tier 1, \$20 (standard cost sharing) or \$10 (preferred cost sharing) for drugs in Tier 2, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.</p> <p>There is <u>no</u> reduced cost sharing for select insulins.</p>	<p>The deductible is \$235 for Tiers 3-5.</p> <p>During this stage, you pay \$12 (standard cost sharing) or \$0 (preferred cost sharing) for drugs on Tier 1, \$20 (standard cost sharing) or \$10 (preferred cost sharing) for drugs in Tier 2, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.</p> <p>There is no deductible for UCare Complete for select insulins. You pay \$35 standard cost sharing and \$30 preferred cost sharing for select insulins.</p>

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*.

Stage	2020 (this year)	2021 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>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.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Preferred generic drugs: <i>Standard cost sharing:</i> You pay \$12 per prescription. <i>Preferred cost sharing:</i> You pay \$3 per prescription.</p> <p>Generic drugs: <i>Standard cost sharing:</i> You pay \$20 per prescription. <i>Preferred cost sharing:</i> You pay \$10 per prescription.</p> <p>Preferred brand-name drugs: <i>Standard cost sharing:</i> You pay \$47 per prescription. <i>Preferred cost sharing:</i> You pay \$40 per prescription.</p> <p>Select Insulins There is <u>no</u> reduced cost sharing for select insulins.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Preferred generic drugs: <i>Standard cost sharing:</i> You pay \$12 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Generic drugs: <i>Standard cost sharing:</i> You pay \$20 per prescription. <i>Preferred cost sharing:</i> You pay \$10 per prescription.</p> <p>Preferred brand-name drugs: <i>Standard cost sharing:</i> You pay \$47 per prescription. <i>Preferred cost sharing:</i> You pay \$47 per prescription.</p> <p>Select Insulins <i>Standard cost sharing:</i> You pay \$35 per prescription. <i>Preferred cost sharing:</i> You pay \$30 per prescription.</p>

Stage	2020 (this year)	2021 (next year)
	<p>Non-preferred drugs: <i>Standard cost sharing:</i> You pay 50% of the total cost. <i>Preferred cost sharing:</i> You pay 45% of the total cost.</p> <p>Specialty drugs: <i>Standard cost sharing:</i> You pay 28% of the total cost. <i>Preferred cost sharing:</i> You pay 28% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Non-preferred drugs: <i>Standard cost sharing:</i> You pay 50% of the total cost. <i>Preferred cost sharing:</i> You pay 45% of the total cost.</p> <p>Specialty drugs: <i>Standard cost sharing:</i> You pay 28% of the total cost. <i>Preferred cost sharing:</i> You pay 28% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

UCare Complete offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be \$30 preferred cost sharing and \$35 standard cost sharing for select insulins.

SECTION 2 Administrative Changes

Description	2020 (this year)	2021 (next year)
Ways you can pay your plan premium and/or Part D late enrollment penalty (if required)	2020 Payment Options. You can pay by: <ul style="list-style-type: none"> • Check • Electronic Funds Transfer (EFT) • Your Social Security Administration (SSA) check • Your Railroad Retirement Board (RRB) check 	2021 Payment Options. You can pay by: <ul style="list-style-type: none"> • Check • Credit card/debit card (one-time payment) through the Member Portal • Electronic Funds Transfer (EFT) • Your Social Security Administration (SSA) check • Your Railroad Retirement Board (RRB) check

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in UCare Complete

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 be enrolled in our UCare Complete.

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 2021 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, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, 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/plan-compare. **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 Complete.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UCare Complete.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service 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 to December 7**. The change will take effect on January 1, 2021.

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 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2021, 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, 2021. For more information, see Chapter 10, 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®.

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. 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).
- **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 state ADAP. 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

Department of Human Services

P.O. Box 64972

St. Paul, MN 55164-0972

SECTION 7 Questions?

Section 7.1 – Getting Help from UCare Complete

Questions? We're here to help. Please call Customer Service 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 2021 *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 2021. For details, look in the 2021 *Evidence of Coverage* for UCare Complete. 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/formembers. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at ucare.org/searchnetwork. 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 (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/plan-compare.)

Read *Medicare & You 2021*

You can read the *Medicare & You 2021* 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 (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.



500 Stinson Blvd. NE

Minneapolis, MN 55440-0052

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ucare.org

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