UCare Essentials Rx (HMO-POS) offered by UCare Minnesota

Annual Notice of Changes for 2020

You are currently enrolled as a member of UCare Essentials Rx. 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 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. 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 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 Essentials Rx, you don’t need to do anything. You will stay in UCare Essentials Rx.
  • 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 Essentials Rx.
   - 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](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About UCare Essentials Rx**

- 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 Essentials Rx.
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 612-676-3200/1-800-203-7225 (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).

โปรดทราบ: ท่านได้ยินหรือพูดภาษาจีน อย่างไรก็ตามท่านมีสิทธิ์ได้รับการช่วยเหลือภาษา โทร 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

أهلاً بك! إذا كنت تتحدث اللغة العربية، فإنه خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل بنا رقم 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).


繁荣的语言服务已经为您准备好了，您可以随时寻求帮助和服务。请拨打 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)。

ملحوظة: إذا كنت تتحدث اللغة اللاتينية، فإن خدمات المساعدة اللغوية متواجدة لك بالمجان. اتصل برقم 612-676-6810/1-800-688-2534 (رمز هاتف الصم والبكم: 334-882-6810/1-800-203-7225).

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 2020

The table below compares the 2019 costs and 2020 costs for UCare Essentials Rx 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>$56</td>
<td>$56</td>
</tr>
</tbody>
</table>

* Your premium may be higher or lower than this amount. See Section 1.1 for details.

<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>In-network: $3,400</td>
<td>In-network: $3,400</td>
</tr>
<tr>
<td></td>
<td>Out-of-network: $10,000</td>
<td>Out-of-Network: $10,000</td>
</tr>
<tr>
<td><strong>Doctor office visits</strong></td>
<td>In-network: Primary care visits: $20 copay per visit Special visits: $45 copay per visit</td>
<td>In-network: Primary care visits: $20 copay per visit Special visits: $45 copay per visit</td>
</tr>
<tr>
<td></td>
<td>Out-of-network: Primary care visits: $20 copay per visit Special visits: $45 copay per visit</td>
<td>Out-of-network: Primary care visits: $20 copay per visit Special visits: $45 copay per visit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient hospital stays</strong></td>
<td>In-network: $300 copay each day for days 1-5 for Medicare-covered hospital care. Thereafter, you pay a $0 copayment for additional Medicare-covered days.</td>
<td>In-network: $300 copay each day for days 1-5 for Medicare-covered hospital care. Thereafter, you pay a $0 copayment for additional Medicare-covered days.</td>
</tr>
<tr>
<td></td>
<td>Out-of-network: 20% coinsurance</td>
<td>Out-of-network: 20% coinsurance</td>
</tr>
</tbody>
</table>
The day before you are discharged is your last inpatient day.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part D prescription drug coverage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See Section 1.6 for details.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductible:</strong> $400 (for Tiers 2-5)</td>
<td></td>
<td><strong>Deductible:</strong> $400 (for Tiers 2-5)</td>
</tr>
<tr>
<td>Copayment or coinsurance during the Initial Coverage Stage:</td>
<td></td>
<td>Copayment or coinsurance during the Initial Coverage Stage:</td>
</tr>
<tr>
<td><strong>Drug Tier 1:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard cost-sharing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$12 copayment</td>
<td></td>
<td>$12 copayment</td>
</tr>
<tr>
<td>Preferred cost-sharing:</td>
<td></td>
<td>Preferred cost-sharing:</td>
</tr>
<tr>
<td>$2 copayment</td>
<td></td>
<td>$2 copayment</td>
</tr>
<tr>
<td><strong>Drug Tier 2:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard cost-sharing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20 copayment</td>
<td></td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Preferred cost-sharing:</td>
<td></td>
<td>Preferred cost-sharing:</td>
</tr>
<tr>
<td>$10 copayment</td>
<td></td>
<td>$10 copayment</td>
</tr>
<tr>
<td><strong>Drug Tier 3:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard cost-sharing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$47 copayment</td>
<td></td>
<td>$47 copayment</td>
</tr>
<tr>
<td>Preferred cost-sharing:</td>
<td></td>
<td>Preferred cost-sharing:</td>
</tr>
<tr>
<td>$40 copayment</td>
<td></td>
<td>$40 copayment</td>
</tr>
<tr>
<td><strong>Drug Tier 4:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard cost-sharing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50% coinsurance</td>
<td></td>
<td>50% coinsurance</td>
</tr>
<tr>
<td>Preferred cost-sharing:</td>
<td></td>
<td>Preferred cost-sharing:</td>
</tr>
<tr>
<td>45% coinsurance</td>
<td></td>
<td>45% coinsurance</td>
</tr>
<tr>
<td><strong>Drug Tier 5:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard cost-sharing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25% coinsurance</td>
<td></td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>Preferred cost-sharing:</td>
<td></td>
<td>Preferred cost-sharing:</td>
</tr>
<tr>
<td>25% coinsurance</td>
<td></td>
<td>25% coinsurance</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>$56</td>
<td>$56</td>
</tr>
<tr>
<td></td>
<td>(You must also continue to pay your Medicare Part B premium.)</td>
<td></td>
</tr>
<tr>
<td>Choice Dental</td>
<td>$21</td>
<td>$22</td>
</tr>
<tr>
<td></td>
<td>(optional supplemental benefit)</td>
<td></td>
</tr>
</tbody>
</table>

- 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.

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 | 2019 (this year) | 2020 (next year)
--- | --- | ---
**Maximum out-of-pocket amount**<br>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:** $3,400 | **In-network:** $3,400
**Out-of-network:** $10,000 | **Out-of-network:** $10,000

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.

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.

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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 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 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 Pharmacy Directory. Please review the 2020 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 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 <strong>not</strong> covered.</td>
<td><strong>In-network:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>You get up to two hearing aids per year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You pay a $699 copay per aid for Advanced Aids.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You pay a $999 copay per aid for Premium Aids.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Out-of-network:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hearing Aids are <strong>not</strong> covered.</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 Aid Fittings and Evaluations</strong></td>
<td>Hearing Aid Fittings and Evaluations are not covered.</td>
<td><strong>In-network:</strong> You pay a $0 copay for up to three hearing aid fittings and evaluations per year. <strong>Out-of-network:</strong> Hearing Aid Fittings and Evaluations are not covered.</td>
</tr>
<tr>
<td><strong>Opioid Treatment Services</strong></td>
<td>Opioid Treatment Services are not covered.</td>
<td><strong>In-network:</strong> You pay 10% of the total cost. <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 not 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 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 Services.

- **Work with your doctor (or other 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. (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 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, 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 at Chapter 6, Sections 6 and 7, in the Evidence of Coverage, which is located on our website at ucare.org. You may also call Customer Services to ask us to mail you an 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><strong>Stage 1: Yearly Deductible Stage</strong></td>
<td>During this stage, you pay the full cost of your Tier 2-5 drugs until you have reached the yearly deductible.</td>
<td>During this stage, you pay $12 (standard cost-sharing) or $2 (preferred cost-sharing) for drugs on Tier 1 and the full cost of drugs on Tiers 2-5 until you have reached the yearly deductible.</td>
</tr>
<tr>
<td></td>
<td>The deductible is $400 for Tiers 2-5.</td>
<td>The deductible is $400 for Tiers 2-5.</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>
</table>
| **Stage 2: Initial Coverage Stage** | 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. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look | Your cost for a one-month supply at a network pharmacy: Preferred generic drugs: Standard cost-sharing: You pay $12 per prescription. Preferred cost-sharing: You pay $2 per prescription.  
|                                    | Your cost for a one-month supply at a network pharmacy: Preferred generic drugs: Standard cost-sharing: You pay $12 per prescription. Preferred cost-sharing: You pay $2 per prescription.  
<table>
<thead>
<tr>
<th>Stage</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 2: Initial Coverage Stage</strong> (continued)</td>
<td>pay $10 per prescription.</td>
<td>pay $10 per prescription.</td>
</tr>
<tr>
<td></td>
<td><strong>Preferred brand drugs:</strong></td>
<td><strong>Preferred brand drugs:</strong></td>
</tr>
<tr>
<td></td>
<td><em>Standard cost-sharing:</em> You pay $47 per prescription.</td>
<td><em>Standard cost-sharing:</em> You pay $47 per prescription.</td>
</tr>
<tr>
<td></td>
<td><em>Preferred cost-sharing:</em> You pay $40 per prescription.</td>
<td><em>Preferred cost-sharing:</em> You pay $47 per prescription.</td>
</tr>
<tr>
<td></td>
<td><strong>Non-preferred drugs:</strong></td>
<td><strong>Non-preferred drugs:</strong></td>
</tr>
<tr>
<td></td>
<td><em>Standard cost-sharing:</em> You pay 50% of the total cost.</td>
<td><em>Standard cost-sharing:</em> You pay 50% of the total cost.</td>
</tr>
<tr>
<td></td>
<td><em>Preferred cost-sharing:</em> You pay 45% of the total cost.</td>
<td><em>Preferred cost-sharing:</em> You pay 45% of the total cost.</td>
</tr>
<tr>
<td></td>
<td><strong>Specialty tier:</strong></td>
<td><strong>Specialty tier:</strong></td>
</tr>
<tr>
<td></td>
<td><em>Standard cost-sharing:</em> You pay 25% of the total cost.</td>
<td><em>Standard cost-sharing:</em> You pay 25% of the total cost.</td>
</tr>
<tr>
<td></td>
<td><em>Preferred cost-sharing:</em> You pay 25% of the total cost.</td>
<td><em>Preferred cost-sharing:</em> You pay 25% of the total cost.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Once your total drug costs have reached $3,820, you will move to the next stage</td>
<td>Once your total drug costs have reached $4,020 you will move to the next stage</td>
</tr>
<tr>
<td></td>
<td>(the Coverage Gap Stage).</td>
<td>(the Coverage Gap Stage).</td>
</tr>
</tbody>
</table>

**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.
SECTION 2 Administrative Changes

| Minnesota’s Quality Improvement Organization | KEPRO                                                                 | Livanta                                                                 |
|                                            | 5201 W. Kennedy Blvd. Suite 900 Tampa, FL 33609 1-855-408-8557          | 10820 Guilford Road Suite 202 Annapolis Junction, MD 20701 1-888-524-9900 TTY 1-888-985-8775 |
|                                            | www.keproqio.com                                                        | www.livantaqio.com                                                     |
| Delta Dental of Minnesota Claims Address   | Delta Dental of Minnesota P.O. Box 330 Minneapolis, MN 55440-0330      | Delta Dental of Minnesota P.O. Box 9120 Farmington Hills, MI 48333-9120 |
| UCare Customer Services Department Hours of Operation | 24 hours a day, 7 days a week                                           | 8 am - 8 pm, seven days a week                                         |

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in UCare Essentials Rx

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, 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 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 [https://www.medicare.gov](https://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 Essentials Rx.

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

- 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 10, 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 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®.

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 ADAP in Minnesota. 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 Essentials Rx

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 Essentials Rx. 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) 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 https://www.medicare.gov and click on “Find health & drug plans”).
Read Medicare & You 2020

You can read the 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.