November 1, 2018

Earlier this year we sent you the 2019 Summary of Benefits. This document includes a summary of benefit information for you as an enrollee in our plan.

We are writing to provide clarification of out-of-network cost sharing, routine eye exam benefits and inpatient hospital coverage.

Please see below for the updated information.

<table>
<thead>
<tr>
<th>Where you can find the error in your 2019 Summary of Benefits</th>
<th>Original information</th>
<th>Updated information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottom page disclaimer about out-of-network cost sharing</td>
<td><em>Original disclaimer</em></td>
<td><em>Revised disclaimer</em></td>
</tr>
<tr>
<td>Unless otherwise noted, out-of-network cost-sharing in the U.S. applies deductible, then coinsurance (Secure 25%, Grand 20%).</td>
<td>In general, out-of-network cost-sharing in the U.S. applies deductible, then coinsurance (Secure 25%, Grand 20%); cost-sharing is the same both in and out-of-network for some services.</td>
<td></td>
</tr>
<tr>
<td><strong>Secure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine eye exam: $45</td>
<td><em>Secure</em></td>
<td>Routine eye exam: $0</td>
</tr>
<tr>
<td>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0 copay</td>
<td>Exam to diagnose and treat diseases and conditions of the eye ($0 copay for yearly glaucoma screening): $45 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Grand</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine eye exam: $35</td>
<td><em>Grand</em></td>
<td>Routine eye exam: $0</td>
</tr>
<tr>
<td>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0 copay</td>
<td>Exam to diagnose and treat diseases and conditions of the eye ($0 copay for yearly glaucoma screening): $35 copay</td>
<td></td>
</tr>
</tbody>
</table>
Where you can find the error in your 2019 Summary of Benefits

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<tbody>
<tr>
<td>Page 17, Grand, Mental Health Services, Inpatient hospital stay</td>
<td>$500 copay per stay</td>
<td>$500 copay per stay, then covered 100%</td>
</tr>
<tr>
<td>Page 22, community education discount</td>
<td>Described the community education discount</td>
<td>Removed this description as it is not considered a benefit by Medicare</td>
</tr>
</tbody>
</table>

Please keep this information for your reference.

You can also find this information in the Evidence of Coverage on our website at ucare.org.

You are not required to take any action in response to this document.

If you have any questions please call us at 218-722-4915 or 10855-432-7025 24 hours a day, seven days a week. TTY users may call 612-676-6810 or 1-800-688-2534.

We thank you for your membership in UCare.

EssentiaCare is a PPO plan with a Medicare contract. Enrollment in EssentiaCare depends on contract renewal.
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: Nêu 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, вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

โปรดทราบ: ทุกๆ ภาษาอาจมีการแปล, หากมีปัญหาเกี่ยวกับการรับบริการ, ได้ยินเสียง, การมีสิทธิ์ใช้บริการ โทร 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

*Aungsaing: Kyi che shi chaw su, la byang thu yoo bya su, nyo aung saing su, kye saing su, le 612-676-3200/1-800-203-7225 (Aungsaing su, kye saing su: 612-676-6810/1-800-688-2534).

*ข้อความภาษาจีน: การใช้บริการในภาษาจีนไม่สามารถรับคืนได้ โทร 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).


*ขอความรู้สึกในภาษาไทย: การใช้บริการในภาษาไทยไม่สามารถรับคืนได้ โทร 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)*

*หมายเหตุ: ถ้าคุณคิดว่าข้อความภาษาต่างๆ นี้ไม่ถูกต้อง, โปรดติดต่อเราเพื่อขอความช่วยเหลือ.

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).