November 27, 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 benefits for out-of-network cost sharing, urgent care services and some eye exams.

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>
</table>
| Bottom page disclaimer about out-of-network cost sharing for UCare Medicare Plans | Original disclaimers
  Unless otherwise noted above, out-of-network cost-sharing in the U.S. – (Prime 30% and others 20%).
  Unless otherwise noted above, out-of-network cost-sharing in the U.S. – 20% coinsurance. | Revised disclaimer
  In general, out-of-network cost-sharing in the U.S. is 30% for UCare Prime and 20% for other plans; cost-sharing is the same both in and out-of-network for some services. |
<p>| Page 16, UCare Total, Urgently needed services                  | In-network $50 copay                                                                | In-network $0 copay                                                                  |
| Pages 20 and 37, Health Care Services, Vision Services, Diagnostic eye exam (glaucoma screening) | Out-of-network $50 copay                                                            | Out-of-network $0 copay                                                              |
| Page 29 , community education discount                          | Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) | Exam to diagnose and treat diseases and conditions of the eye ($0 copay for yearly glaucoma screening) |
|                                                              | Described the community education discount                                          | Removed this description as its not considered a benefit by Medicare                |</p>
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<tbody>
<tr>
<td>Bottom page disclaimer about out-of-network cost sharing for Care Core and Care Advantage</td>
<td>Unless otherwise noted above, out-of-network cost in the U.S. – 25%</td>
<td>In general, out-of-network cost-sharing in the U.S. is 25%; cost-sharing is the same both in and out-of-network for some services.</td>
</tr>
<tr>
<td>Benefit highlights fold-out chart</td>
<td><strong>Missing benefit information</strong></td>
<td><strong>$0 copay for glaucoma screening</strong></td>
</tr>
<tr>
<td>• UCare Prime, Vision and hearing coverage</td>
<td>$0 copay</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>• UCare Prime, Lab services</td>
<td>$50 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>• UCare Total, Urgent care</td>
<td>POS coverage at 25% coinsurance in addition to ER care</td>
<td>POS coverage generally at 25% coinsurance in addition to ER care*</td>
</tr>
<tr>
<td>• Care Core and Care Advantage, Travel</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*See pages 35-40 in the Summary of Benefits for more information about out-of-network costs. See the 2019 Evidence of Coverage for full details on out-of-network coverage.*

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 612-676-3600 or 1-877-523-1515, 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.

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