



Changes to the UCare Total (HMO-POS) 2019 Evidence of Coverage

November 2018

This is important information on changes in your UCare Total coverage.

You recently received a hard copy of the Evidence of Coverage (EOC) or a notice providing information on how to access the document electronically or how to request a hard copy. Below you will find information describing and correcting the errors. Please keep this information for your reference. The correct EOC can be found on our website at ucare.org.

Changes to your EOC

Where you can find the error in your 2019 EOC	Original Information	Corrected Information	What does this mean for you?
On the cover page, a reference to the deductible was not removed.	Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1, 2020.	Benefits, premium, and/or copayments/coinsurance may change on January 1, 2020.	There is not a medical or Part D deductible for UCare Total.

Where you can find the error in your 2019 EOC	Original Information	Corrected Information	What does this mean for you?
On page 56, under “Section 1.2. What is the most you will pay for Medicare Part A and Part B covered medical services?”	<p>Some services are excluded from counting toward the maximum out-of-pocket amount, including, but not limited to:</p> <ul style="list-style-type: none"> • Non Medicare-covered eyewear • Point-of-Service benefit • Part D Medicare prescription drug benefit. 	<p>Some services are excluded from counting toward the maximum out-of-pocket amount, including, but not limited to:</p> <ul style="list-style-type: none"> • Non Medicare-covered eyewear • Point-of-Service benefit • Part D Medicare prescription drug benefit • Hearing aids, fittings, and evaluations and repairs of hearing aids. 	If you purchase a hearing aid, the cost of the hearing aid and any related expenses will not count toward your out-of-pocket maximum.
On page 137, under “Section 1.2. Types of out-of-pocket costs you may pay for covered drugs.”	The amount that you pay for a drug is called “cost-sharing” and there are three ways you may be asked to pay.	The amount that you pay for a drug is called “cost-sharing” and there are two ways you may be asked to pay.	There are only two types of cost-sharing for your Part D prescription drugs: copayments and coinsurance.
On page 137, under “Section 1.2. Types of out-of-pocket costs you may pay for covered drugs.”	<ul style="list-style-type: none"> • The “deductible” is the amount you must pay for drugs before our plan begins to pay its share. • “Copayment” means that you pay a fixed amount each time you fill a prescription. • “Coinsurance” means that you pay a percent of the total cost of the drug each time you fill a prescription. 	<ul style="list-style-type: none"> • “Copayment” means that you pay a fixed amount each time you fill a prescription. • “Coinsurance” means that you pay a percent of the total cost of the drug each time you fill a prescription. 	There is no deductible for your Part D prescription drugs.

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions please call us at 612-676-3600 or 1-877-523-1515 (toll free), 24 hours a day, seven days a week. TTY users can call 612-676-6810 or 1-800-688-2534 (toll free).

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)

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 እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክሶኮ ቁጥር ደደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသု: -နမ့်ကတိံ ကညိ ကျိာအယိ, နမန့် ကျိာအတိမဇာလ၊ တလက်ဘူဂ်လက်စူ နိတမံဘဂ်သုနုဂ်လိံ. 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, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បរិវេណ។ 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).