Changes to the Care Advantage with Fairview & North Memorial (HMO-POS) 2019 Evidence of Coverage

November 2018

This is important information on changes in your Care Advantage with Fairview & North Memorial 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. This notice is to let you know there were errors in the EOC. 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 care.org.

Changes to your EOC

Where you can find the error in your 2019 EOC

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<td>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.</td>
<td>Benefits, premium, and/or copayments/coinsurance may change on January 1, 2020.</td>
<td>There is not a medical or Part D deductible for Care Advantage with Fairview &amp; North Memorial.</td>
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<tr>
<td>On page 94, under &quot;Section 2.1. Your medical benefits and costs as a member of the plan&quot; Information is missing regarding routine hearing exams not being covered out-of-network. This service is not covered out-of-network. You are responsible for the entire cost.</td>
<td>Copayment information was not included for out-of-network home support services for dialysis.</td>
<td>You will pay nothing for out-of-network home support services for dialysis.</td>
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<tr>
<td>On page 135, under &quot;Section 2.1. Types of out-of-pocket costs you may pay for covered drugs&quot; The amount that you pay for a drug is called &quot;cost-sharing&quot; and there are three ways you may be asked to pay. The amount that you pay for a drug is called &quot;cost-sharing&quot; and there are two ways you may be asked to pay.</td>
<td>There are only two types of cost-sharing for your Part D prescription drugs: copayments and coinsurance.</td>
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On page 94, under "Section 2.1. Your medical benefits and costs as a member of the plan" Information is missing to fully describe coverage for low-dose computed tomography (LDCT) for lung cancer screening. For LDCT lung cancer screenings after the initial LDCT screening: the members must receive a written order for LDCT lung cancer screening, which may be furnished during any appropriate visit with a physician or qualified non-physician practitioner. If a physician or qualified non-physician practitioner elects to provide a lung cancer screening counseling and shared decision making visit for subsequent lung cancer screenings with LDCT, the visit must meet the Medicare criteria for such visits.

If you need more than one LDCT, additional steps must be completed for coverage of subsequent LDCT, including a written order, lung cancer screening counseling, and a shared decision making visit.
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Where you can find the error in your 2019 EOC

Corrected Information

What does this mean for you?

On page 135, under “Section 1.2. Types of out-of-pocket costs you may pay for covered drugs”

• The “deductible” is the amount you must pay for drugs before our plan begins to pay in 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.

There is no deductible for your Part D prescription drugs.

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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 612-678-6520 or 1-888-668-2395 (toll-free). UCare Health, Inc. is an HMO-PPO plan with a Medicare contract. Enrollment in UCare Health 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, and services are not in languages to people with disabilities to communicate effectively with us, such as in TTY, or written information in other forms, such as large print.

If you need these services, contact us as 612-676-1200 (voice) or toll free at 1-800-203-7225 (voice) 612-676-6810 or toll free at 1-888-668-2395 (TTY). We provide language services, as necessary 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.

• “Copayment” means that you pay a fixed amount each time you fill a prescription.

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We provide, and services at no charge to people with disabilities to communicate effectively with us, such as TTY live, 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 1-800-263-7272 (voice) or 1-800-688-2395 (TTY). We provide language services 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 at 612-676-3200 or toll free at 1-800-263-7272 (voice) or 1-800-688-2395 (TTY). We can also use these numbers if you need assistance filing a prior claim.

Written giving Notice:

Mail:

UCare Health

Attn: Appeals and Grievances

PO Box 57

Minneapolis, MN 55440-0052

Fax:

612-584-2021

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://ocr.gov/portal/topic.cfm, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 0950

HFI Building

Washington, DC 20201

1-800-368-1019 or 1-800-557-7867 (TDD)

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If you need these services, contact us at 612-676-5300 (voice or TTY) or 1-800-263-7275 (voice or TTY).
We provide language services to people whose primary language is not English, such as qualified interpreters or information written in other languages.
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 612-676-6520 or 1-888-688-2584 (toll-free).
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Where you can find the error in your 2019 EOC

On page 135, under “Section 1.2. Types of out-of-pocket costs you may pay for covered drugs”

• The “deductible” is the amount you must pay for drugs before your plan begins to pay in 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.
• There is no deductible for your Part D prescription drugs.

What does this mean for you?
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