Important plan information.

Minneapolis, MN 55440‑0052
P.O. Box 52

Changes to your Evidence of Coverage (EOC)

This is important information on changes in your EssentiaCare Grand 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. 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 page 9, Section 2.1, "Your medical benefits and costs as a member of the plan"
The Pharmacy Directory will also tell you which of the pharmacies in your network have preferred cost-sharing, which may be lower than the standard cost-sharing offered by other network pharmacies for some drugs.

Some pharmacies in your network are preferred and have lower cost-sharing.

On page 85, Section 2.1, "Your medical benefits and costs as a member of the plan"

20% coinsurance, copayment, or deductible for Medicare-covered pneumococcal pneumonia, influenza, and Hepatitis B vaccines.

20% coinsurance for members eligible for Medicare-covered pneumococcal pneumonia, influenza, and Hepatitis B vaccines.

On page 86, Section 2.1, "Your medical benefits and costs as a member of the plan"

$250 copayment for services other than outpatient hospital procedures or surgery at an in-network provider.

$250 copayment for services other than outpatient hospital procedures or surgery at an in-network provider.

On page 86, Section 2.1, "Your medical benefits and costs as a member of the plan"

You pay $250 for outpatient hospital services received in‑network.

You pay $250 for outpatient hospital services received out‑of‑network.

On page 146, Section 1.2, "Help us keep our information about your drug payments up to date!"

For example, payments made by an AIDS Drug Assistance Program (ADAP), the Indian Health Service, and most charities count toward your out‑of‑pocket costs.

In addition to the options previously noted, payments made by a State Pharmaceutical Assistance Program also count toward your out‑of‑pocket costs.
Changes to the EssentiaCare Grand (PPO) 2019 Evidence of Coverage

November 2018

This is important information on changes in your EssentiaCare Grand 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. 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

On page 58, Section 1.2, “What does this mean when you get services covered by our plan.”

The amount you pay for deductibles, copayments, and coinsurance for covered services count toward this combined maximum out-of-pocket amount.

The amount you pay for deductibles, copayments, and coinsurance for covered services count toward this combined maximum out-of-pocket amount.

For example, payments made by an AIDS drug assistance program (ADAP), the Indian Health Service, and most charities count toward your out-of-pocket costs.

Where you can find the error in your 2019 EOC

On page 148, Section 1.2, “Help us keep our information about your drug payments up to date!”

The amounts you pay for deductibles, copayments, and coinsurance for covered services count toward this combined maximum out-of-pocket amount.

The amounts you pay for deductibles, copayments, and coinsurance for covered services count toward this combined maximum out-of-pocket amount.

For example, payments made by a State Pharmaceutical Assistance Program (MDPP) services at an in-network provider.

Where does this mean for you?

On page 77, Section 2.1, “Your medical benefits and costs as a member of the plan.”

There is no coinsurance, copayment, or deductible for the pneumococcal vaccine.

There is no coinsurance, copayment, or deductible for the pneumococcal vaccine.

You pay $250 for outpatient hospital procedures or surgery at an out-of-network provider.

On page 59, Section 1.4, “Our plan does not allow providers to balance bill you.”

As a member of the plan, an important protection for you is that you only have to pay your cost-sharing amount when you get services covered by our plan.

As a member of the plan, an important protection for you is that you only have to pay your cost-sharing amount when you get services covered by our plan.

20% coinsurance for services other than outpatient hospital procedures or surgery at an out-of-network provider.

On page 83, Section 2.1, “Your medical benefits and costs as a member of the plan.”

20% coinsurance for services other than outpatient hospital procedures or surgery at an in-network provider.

20% coinsurance for services other than outpatient hospital procedures or surgery at an in-network provider.

You pay $250 for outpatient hospital services received out-of-network.

On page 58, Section 1.2, “What does this mean when you get services covered by our plan.”

For example, payments made by an AIDS drug assistance program (ADAP), the Indian Health Service, and most charities count toward your out-of-pocket costs.

For example, payments made by a State Pharmaceutical Assistance Program, an AIDS drug assistance program (ADAP), the Indian Health Service, and most charities count toward your out-of-pocket costs.

In addition to the options previously noted, payments made by a State Pharmaceutical Assistance Program also count toward your out-of-pocket cost.
Notice of Non-discrimination

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 oral and written information to people with disabilities to communicate effectively with us, such as in TTY form or written information in different forms, such as large print.

If you need these services, contact us at 1-866-726-2053 (voice) or toll free at 1-800-203-7225 (voice) or 1-877-667-8010 (TTY) or 1-866-888-2541 (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 as the member on the back of your membership card or at 1-866-726-6288 (voice) or toll free at 1-800-203-7225 (voice) or 1-877-667-8010 (TTY) or 1-866-888-2541 (TTY).

Your cost-sharing from drugs in Tiers 4 and 5 is coinsurance.

To view the complete Non-discrimination notice, visit the federal government’s Health Care website: www.hhs.gov/ocr/privacy/hipaa/nondiscrimination.html.

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 218-722-4915 or 1-852-672-7015 (toll free), 24 hours a day, seven days a week. TTY users can call 612-678-6810 or 1-800-688-2534 (toll free).

EssentiaCare is a PPO plan with a Medicare contract. Enrollment in EssentiaCare depends on contract renewal.

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://www.hhs.gov/ocr/officecivillrights/portal.

Address:
U.S. Department of Health and Human Services
OCR (Office for Civil Rights)
500 Independence Avenue, S.W.
Room 4110
Building E
Washington, DC 20201
1-800-537-7691 (TDD)

Complaint forms are available at www.hhs.gov/ocr/officecivillrights/portal.html.

ATTENTION: This is a Spanish language version of the Notice of Non-discrimination in response to this document.

NOTA: Este es un documento de notificación de derechos civiles, en español, que se refiere a este documento.
Where you can find the error in your 2019 EOC

Corrected Information

What does this mean for you?

On page 151, Section 5.2, A table that shows your costs for a one-month supply of a drug

The cost-sharing for Tiers 4 and 5 are described as “of the cost.”

The cost-sharing for Tiers 4 and 5 are described to correct the cost-sharing as coinsurance.

Your cost-sharing from drugs in Tiers 4 and 5 is coinsurance.

On page 152, Section 5.4, A table that shows your costs for a long-term (up to a 90-day) supply of a drug

The cost-sharing for Tiers 4 and 5 are described as “of the cost.”

The cost-sharing for Tiers 4 and 5 are described to correct the cost-sharing as coinsurance.

Your cost-sharing from drugs in Tiers 4 and 5 is coinsurance.

On page 231, Section 2.3, “In certain situations, you can end your membership during a Special Enrollment Period”

Information regarding Program of All-Inclusive Care for Elderly (PACE) is missing

• If you enrolled in the Program of All-Inclusive Care for Elderly (PACE).

Enrolling in PACE qualifies you for a Special Enrollment Period.

On page 249, Chapter 12, “Definitions of important words”

The definition for Medicare did not include the reference to PACE plans.

People with Medicare can get their Medicare health coverage through Original Medicare, a Medicare Cost Plan, or a Medicare Advantage Plan.

In addition to the options previously noted, coverage is also available through a PACE plan.

The website for the Senior LinkAge Line® is www.mnaging.org

The website for Senior Linkage Line® is seniorlinkageline.com

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 218-722-4915 or 1-855-432-7025 (toll-free), 24 hours a day, seven days a week. TTY users can call 612-676-6810 or 1-800-688-2534 (toll-free).

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Notice of Nondiscrimination

UHCF complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UHCF does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide oral and written information to people with disabilities to communicate effectively with us, such as in TTY, or written information in other languages such as large print.

If you need these services, contact us at 612-676-2025 (voice) or toll free at 1-800-203-7225 (voice); 612-676-6810 (TTY) or toll free at 1-888-688-2534 (TTY).

We provide language services and make special arrangements for 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 (TTY) or toll free at 1-888-688-2534 (TTY).

Your cost-sharing from drugs in Tiers 4 and 5 is coinsurance.

On page 245, Section 2.3, “In certain situations, you can end your membership during a Special Enrollment Period”

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Your cost-sharing from drugs in Tiers 4 and 5 is coinsurance.
Where you can find the error in your 2019 EOC

Information regarding Medicare did not include the reference to PACE plans. People with Medicare can get their Medicare health coverage through Original Medicare, a Medicare Cost Plan, a PACE plan, or a Medicare Advantage Plan. In addition to the options previously noted, coverage is also available through a PACE plan. You can also use these numbers if you need assistance filing a grievance.

On the back cover

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 218-722-4915 or 1-852-370-7425 (toll free), 24 hours a day, seven days a week. TTY users can call 612-676-8410 or 1-800-688-2354 (toll free).