

Changes to the EssentiaCare Secure (PPO) 2019 Evidence of Coverage

November 2018

This is important information on changes in your EssentiaCare Secure 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 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 pages 4 and 7, the heading for Section 2.3, “Here is the plan service area for EssentiaCare Grand”	EssentiaCare Grand	EssentiaCare Secure	This is corrected to reflect the plan name of EssentiaCare Secure.
On page 6, Section 1.3, “Legal information about the <i>Evidence of Coverage</i> ”	Medicare (the Centers for Medicare & Medicaid Services) must approve EssentiaCare Grand each year.	Medicare (the Centers for Medicare & Medicaid Services) must approve EssentiaCare Secure each year.	This is corrected to reflect the plan name of EssentiaCare Secure.
On page 9, Section 3.3, “The Pharmacy Directory: Your guide to pharmacies in our network”	Information was missing that explains pharmacies with preferred cost-sharing.	The Pharmacy Directory will also tell you which of the pharmacies in our 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 our network are preferred and have lower cost-sharing.

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On page 27, Section 2, “EssentiaCare Secure contacts”	TTY 1-800-759-1089 WRITE Express Scripts Attn: Coverage Determination Department 4700 North Hanley Road St. Louis, MN 63134	TTY 1-800-716-3231 WRITE Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63134-6571	Correct phone number and address are included for coverage decisions related to Part D prescription drugs.
On page 58, Section 1.3, What is the most you will pay for Medicare Part A and Part B covered medical services	The amounts you pay for 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	The amount you pay toward your deductible counts towards your combined maximum out-of-pocket amount
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 after you meet any deductibles, you only have to pay your cost-sharing amount when you get services covered by our plan.	After you meet any deductibles, providers are not allowed to bill you additional charges, called balance billing.
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 pneumonia, influenza, and Hepatitis B vaccines.	25% coinsurance for members eligible for Medicare-covered pneumonia, influenza, and Hepatitis B vaccines.	If you receive immunizations for pneumonia, influenza, or Hepatitis B out-of-network, you pay 25% coinsurance.
On page 84, Section 2.1 “Your medical benefits and costs as a member of the plan“	There is no coinsurance, copayment, or deductible for the MDPP benefit.	25% coinsurance for members eligible for Medicare-covered MDPP benefit.	If you receive Medicare Diabetes Prevention Program (MDPP) services out-of-network, you pay 25% coinsurance for this benefit.
On page 88, Section 2.1 “Your medical benefits and costs as a member of the plan“	25% coinsurance for services other than outpatient hospital procedures or surgery at an in-network provider.	\$300 copayment for services other than outpatient hospital procedures or surgery at an in-network provider.	If you receive in-network outpatient hospital services, you pay \$300 for these services.

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On page 88, Section 2.1 “Your medical benefits and costs as a member of the plan“	\$300 copayment for services other than outpatient hospital procedures or surgery at an out-of-network provider.	25% coinsurance for services other than outpatient hospital procedures or surgery at an out-of-network provider.	If you receive out-of-network outpatient hospital services, you pay 25% coinsurance for these services.
On page 101, Section 2.1 “Your medical benefits and costs as a member of the plan“	20% coinsurance for each Medicare-covered visit.	25% coinsurance for each Medicare-covered visit.	If you receive Supervised Exercise Therapy (SET) services out-of-network, you pay 25% coinsurance.
On page 142, Chapter 6, “What you pay for your Part D prescription drugs”	Section 2 missing	What you pay for a drug depends on which “drug payment stage” you are in when you get the drug.	Although Section 2 and all related content is in the EOC, it was removed from the Table of Contents. It has been added to find this information more easily.
On page 148, Section 3.2, “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.	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 mentioned, payments made by a State Pharmaceutical Assistance Program count toward your out-of-pocket costs.
On page 151, Section 5.2, A table that shows your costs for a <i>one-month</i> 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 corrected to describe the cost-sharing as coinsurance.	Your cost-sharing from drugs in Tiers 4 and 5 is coinsurance.
On page 153, Section 5.4, A table that shows your costs for a <i>long-term</i> (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 corrected to describe the cost-sharing as coinsurance.	Your cost-sharing from drugs in Tiers 4 and 5 is coinsurance.

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On page 173, Section 1.6, “We must support your right to make decisions about your care”	Information regarding advanced directives was included in the incorrect section.	<p>If you believe that a health plan did not follow the advance directive requirements, you may file a complaint with the following agencies:</p> <p>In Minnesota: Minnesota Health Information Clearinghouse at 651-201-5178 or 1-800-657-3793 toll free.</p> <p>In Wisconsin: Wisconsin Office of the Commissioner of Insurance at 1-800-236-8517.</p>	Advance directive information has been moved from Section 1.7 to Section 1.6.
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	<ul style="list-style-type: none"> • If you enroll 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, a PACE plan, or a Medicare Advantage Plan.	In addition to the options previously noted, coverage is also available through a PACE plan.

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).

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)

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 ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမ္မိကတိံ ကညိ ကျိာအယိ, နမနုာ် ကျိာအတၢ်မၤစၢလၢ တလၢဂ်ဘျုးလၢဂ်စၢ နိတမံဘျုးသ့န့ၣ်လီၤ. 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).