

UCare Individual & Family Plans 2020 plan information



Privacy Practices

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- In certain circumstances we may be required by law, statute or regulation to disclose your personal information without your authorization.
- We will only disclose your information for marketing purposes with your authorization, and treat information about former members with the same protection. We only share your psychotherapy notes with your authorization and in certain other limited circumstances. Other uses and disclosures will only be made only with your written permission. We will also accept the permission of a person with authority to represent you.
- We have procedures and systems to protect your electronic and written information against loss, destruction and unauthorized release. Our employees receive training upon employment and annually thereafter on regulatory requirements and our policies and procedures that define our privacy procedures that include the protection of oral communications.
- You have the right to access your personal information including your medical records unless access is restricted by law.

Networks

Will you pay less if you use a network provider? Yes. UCare members have access to an extensive provider network. If you use an out-of-network provider, you may receive a bill for the difference between the provider's charge and what your UCare plan pays.

- Use in-network doctors, clinics and hospitals to have your medical care covered at in-network cost-sharing levels.
- You choose your primary care clinic, and may change your primary care clinic any time, for any reason.
- You can see any specialist in the network without a referral.
- Find out if your doctor is in our network at ucare.org, Search Network.

UCare Individual & Family Plan network providers include:

- M Health Fairview
- University of Minnesota Physicians
- Park Nicollet Health Services
- North Memorial Health
- Voyage Healthcare
- Essentia Health
- CentraCare
- Allina Health

UCare with M Health Fairview network providers include:

- M Health Fairview — which now includes Entira Family Clinics
- Independent providers, including:
 - University of Minnesota Physicians
 - U of M Children's Hospitals
 - Southside Community Health Services
 - Southdale Pediatrics
 - Richfield Medical Group
 - Minnetonka Pediatrics
 - South Lake Pediatrics
 - North Point Health and Wellness Center

UCare Individual & Family Plans do not cover:

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Adult dental care
- Adult routine eye exam
- Infertility treatment
- Non-formulary drugs
- Long-term care
- Hearing aids

This is not a complete list. Please check the member contract for other excluded services.

Prescription drugs**How do I know if my drugs are covered?**

Search the drug list at ucare.org, Search Network. You can check for your drug or download a pdf.

Where can I fill my prescriptions?

UCare's pharmacy network includes many local and nationwide chain pharmacies.

- Search list of pharmacies at ucare.org, Search Network

Mail order for regular medications offers:

- Savings — receive a three-month supply for two copays
- Safety — orders are 99.99% accurate
- Convenience — free standard shipping, flexible payment options, automatic refills, home delivery

What if my drug is not on the drug list?

- Contact UCare Customer Services to confirm
- If your drug is not covered, you can ask your doctor to prescribe a similar drug that is covered or ask UCare to make an exception to cover your drug.

To request an exception:

You or your doctor can contact UCare Customer Services for information on how to request an exception. Generally a doctor's statement is required.

Prescription drugs: tiers and limits

Drug tiers

- Preferred generic drugs: have a copay
- Non-preferred generics, brand and specialty drugs: have coinsurance
- Preventive drugs (e.g., aspirin, contraceptives, immunizations, tobacco cessation, etc.): primarily covered at 100%

Additional requirements or limits may be imposed (for safety or quality reasons):

- Prior authorization: getting approval from UCare before you fill your prescription
- Quantity limits: limits on the amount of drug you can have each time you get a prescription
- Step therapy: requiring you to try alternative drugs to treat your condition before UCare will cover another drug for that condition

Authorization and notification

One of the ways UCare ensures you are getting excellent care is by partnering with your doctors to review certain types of services and procedures. We want you to get care that is best for your needs.

The member contract notes which types of care or services require notification or authorization. This list may change periodically.

Notification

Hospitals are required to notify UCare if you are admitted to a hospital, long term care facility (LTAC) or skilled nursing facility (SNF). UCare's clinical team then coordinates with your doctors to make sure you are getting the care you need. UCare may also set up post-hospital care if needed.

Authorization

Some services require your provider to get approval from UCare before providing the service, during the course of treatment or soon after the treatment is completed. Your provider is responsible for notifying UCare and obtaining authorization. This is true whether the provider participates in a UCare network or is out-of-network.

Pre-authorization, or preservice review, means that before you get the service, your provider must provide information to UCare's clinical team and request approval. If pre-approval is required for that particular service, it will only be covered if the approval was granted.

Urgent concurrent and concurrent review often occurs during a LTAC or SNF stay. This gives UCare an opportunity to review your plan of care to see if some of your care might need to be extended or if different care will be needed.

Post-service review is needed if your doctor didn't request pre-service review. Your claim may have initially been denied because authorization is required for coverage. Your doctor should provide information to UCare for review. UCare's clinical team will consider your situation and care plan to make sure you get the coverage you are entitled to as a UCare member.

To make a coverage decision, UCare's clinical team evaluates if the service is medically necessary, appropriate and effective for your need. If we deny a request made by you or your doctor, for medical services or pharmaceuticals, you or your doctor may appeal our decision. When you file an appeal, you or your doctor may submit additional documentation that is relevant to your appeal. Appeal requests are reviewed against current medical evidence and your benefit plan by physicians. If we deny your appeal, you will be given information on how to file a second level appeal.

For more information, go to ucare.org. UCare members can also find more information in their member contract or in the Summary of Benefits and Coverage.