How to choose the right level of care.

**Doctor’s Office**

**Whenever possible, go to your primary care doctor.**

Your doctor knows your health history and is aware of any long-standing conditions you may have.
- Preventive care – check-ups and vaccines
- New symptoms or long-standing (chronic) conditions
- Follow-up care after an illness or hospital stay
- Medication management

**Online or Phone Advice**

**Not sure what care you need? Ask us!**

UCare offers online advice and a toll-free Nurse Line for 24/7 advice about the best way to treat any symptoms you have.
- **Online advice:** Log on to your member account and go to the Message Center to send a WebNurse message
- **Nurse Line:** Call the number on the back of your UCare ID card

**Convenience Care**

**For simple, common needs try a convenience clinic.**

These are often in pharmacies or retail stores and can offer care for simple conditions such as:
- Cold or flu
- Ear infections
- Sore throat
- Minor skin conditions
- Vaccines
- Sports physicals

**Urgent Care**

**Urgent care clinics offer immediate help for non-emergencies**

If you need immediate attention – but your condition is not life-threatening – a walk-in urgent care clinic can help with:
- Minor injuries and infections
- Sprains and strains
- Back pain
- Headaches or migraines

**Emergency Room**

**For life-threatening symptoms, go to your hospital emergency room.**

Real emergencies require emergency care. Your ER is the best place to help with:
- Chest pain, shortness of breath or loss of consciousness
- Possible heart attack, stroke, seizure or dangerous infection
- Major burns
- Severe injuries
- Heavy bleeding

If your situation seems life-threatening, go to an ER or call 911 right away.
Attention. If you need free help interpreting this document, call the above number.

ما اذالحة: إرتد سعادة مجانية لترجمة هذه الوثيقة، على الرقم أعلاه.

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

알리드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

โปรดทราบ, คุณอาจอ่านข้อความดังนี้ในแบบแยกABCDEด้วยได้.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenne name bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Dignin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.
Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services. UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. Contact UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services. UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints
You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)
You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
Contact the **OCR** directly to file a complaint:

Director  
U.S. Department of Health and Human Services’ Office for Civil Rights  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201  
800-368-1019 (Voice)  
800-537-7697 (TDD)  
Complaint Portal – [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

**Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race  
- color  
- national origin  
- religion  
- creed  
- sex  
- sexual orientation  
- marital status  
- public assistance status  
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
Freeman Building, 625 North Robert Street  
St. Paul, MN 55155  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (Fax)  
Info.MDHR@state.mn.us (Email)

**Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race  
- color  
- national origin  
- creed  
- religion  
- sexual orientation  
- public assistance status  
- age  
- disability (including physical or mental impairment)  
- sex (including sex stereotypes and gender identity)  
- marital status  
- political beliefs  
- medical condition  
- health status  
- receipt of health care services  
- claims experience  
- medical history  
- genetic information
Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact DHS directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

UCare Complaint Notice

You have the right to file a complaint with UCare if you believe you have been discriminated against in our health care programs because of any of the following:

- medical condition
- health status
- receipt of health care Services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

UCare
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Toll free: 1-800-203-7225
TTY: 1-800-688-2534
Fax: 612-884-2021
Email: cag@ucare.org
UCare Minnesota is an HMO-POS plan with a Medicare contract. Enrollment in UCare Minnesota depends on contract renewal.

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

UCare Health, Inc. is an HMO-POS plan with a Medicare contract. Enrollment in UCare Health depends on contract renewal.

UCare's MSHO (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO depends on contract renewal.

UCare Connect + Medicare (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare Connect + Medicare depends on contract renewal.