



2021 Summary of Benefits

UCare Medicare Advantage Plan
Comparison Guide

North



your shopping checklist

- ☐ enroll in Original Medicare
- ☐ select the plan that fits your lifestyle
- ☐ enroll in a UCare Medicare Advantage plan

3 ways to enroll



online

ucare.org/medicare123

fast and easy

secure data transfer

save enrollment to finish
at later time



by mail

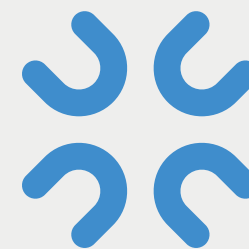
fill out the enrollment
form and mail it in the
postage-paid envelope



phone

call 1-877-523-1518
to enroll with a
licensed Medicare
Sales Specialist

call a trusted UCare
broker near you



Why UCare?

Medicare can feel overwhelming when you're trying to figure it out on your own. UCare can help.

We're the de-complicators. The Medicare figure-outers who can tell you what you need to know about Medicare and show you how to pick a plan that's right for you.

UCare is one of the longest serving Medicare Advantage plans in Minnesota. Today, more than 100,000 Medicare members trust us to provide their health coverage.

Get the peace of mind you deserve with UCare's considerable coverage and affordable prices.



This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. Some services require prior authorization. To get a complete list of services we cover, call us and ask for the Evidence of Coverage.

This information is not a complete description of benefits. Call 1-877-523-1518 (TTY users call 1-800-688-2534) for more information.

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

the ABC&D of Medicare

Confused about Medicare? Our team of de-complicators is at your service to answer your toughest questions. We help you navigate so you can choose the health plan that's right for you.

If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users call 1-877-486-2048.

Understanding the four parts of Medicare

Original Medicare is made up of two parts — **Part A** and **Part B**



Part A — hospital coverage

Medicare Part A helps pay for inpatient hospital and skilled nursing facility stays, hospice care and home health care.



Part B — medical coverage

Medicare Part B helps pay for a wide range of medical expenses including doctor visits, many preventive screenings, lab tests, X-rays, outpatient procedures, mental health services, durable medical equipment and more.



**Additional coverage
and services**
*vision, hearing, dental,
health & wellness*

Medicare
Advantage plan

Part C — Medicare Advantage plan

Think of Part C (Medicare Advantage plan) as a package.

It combines Part A with Part B, then may add special benefits that Medicare does not cover, such as vision and dental care. Many packages even include Part D prescription drug coverage.

Discover the all-in-one convenience of a Medicare Advantage plan. Get all your health benefits in one package and find peace of mind in protecting your health and managing your out-of-pocket costs.



Part D — outpatient prescription drug coverage

Part D is available to anyone enrolled in either Medicare Part A or Part B. Part D can be purchased through two types of health plans: Medicare Advantage plans that include Part D or stand-alone prescription drug plans.

You must choose whether or not to enroll in Part D when you first become eligible for

Medicare. Keep in mind that if you decline it, but decide you want this coverage later, you may have to pay a penalty.

Most Part D plans have a monthly premium, and benefits and drug costs that vary by plan. Each health plan publishes a list of covered drugs called a formulary.

When am I eligible for Original Medicare?

You qualify for Medicare if you:

- Are 65 or older or meet special criteria
- Worked for at least 10 years and paid Medicare taxes (or your spouse did)
- Are a citizen and permanent resident of the United States

How do I enroll in Original Medicare?

You may apply online at ssa.gov/medicare, via telephone appointment at 1-800-772-1213 (TTY users call 1-800-325-0778), or in person at a local Social Security office.

When can I enroll in a Medicare Advantage plan?

Medicare has limits to when and how often you can change your Medicare Advantage plan. These specific time frames, called “election periods,” determine when you can enroll in or leave a Medicare Advantage plan.

Initial Coverage Election Period (ICEP)

When you become eligible for Medicare (either by age or disability), you may enroll in Original Medicare and a Medicare Advantage plan during your Initial Coverage Election Period (ICEP). When you enroll during the ICEP, the soonest Medicare allows us to accept your enrollment application is three months before you become eligible.

If you have had Part A and are just applying for Part B, the ICEP is limited to the three months prior to your enrollment in Part B.

Enroll when first eligible

You have a seven-month period (three months before you turn 65, the month you turn 65, and three months after your birthday month).

Example birthday is July 4

Apr

May

Jun

July

Aug

Sept

Oct

3 months before

3 months after

!

Late enrollment penalties

If you don't sign up for Part B and Part D when you first become eligible, Medicare may apply a penalty if you decide to sign up later. You'll pay the penalty for as long as you have Part B and Part D coverage. Some exceptions apply.

When can I make changes to my Medicare coverage?

Annual Election Period (AEP)

Every year between October 15 and December 7, you can make a plan change to be effective on January 1 of the following year. This change may include adding or dropping Medicare Part D.

Note: Medicare Advantage plans release their rates and benefits for the following year on October 1.

Oct 15 – Dec 7

Annual Election Period

Jan 1

Coverage begins

Special Enrollment Periods (SEPs)

You may qualify for a Special Enrollment Period at any point during the year if you:

- Are leaving or losing coverage through an employer or union (including COBRA)
- Move to an area where your current plan isn't offered
- Are on Medical Assistance or no longer qualify for Medical Assistance
- Receive Extra Help for Medicare Part D
- Are losing your current coverage or your plan is no longer offered

Medicare Advantage Open Enrollment Period (MA-OEP)

During the MA-OEP, Medicare Advantage members may enroll in another Medicare Advantage plan or disenroll from their Medicare Advantage plan and return to Original Medicare (limited to one change). This period runs from January 1 through March 31.

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ucare.org/medicare123 or call 1-877-523-1518 5



Why choose UCare Medicare Advantage?

UCare Medicare Advantage plans offer all-in-one convenience, with medical and Medicare Part D prescription drug coverage in one simple plan. If you're looking for a Medicare Advantage plan that doesn't include Part D coverage, we've got those too. And you'll get extras like vision, hearing, dental and fitness benefits. UCare Medicare Advantage plans protect your health and your wallet, placing a limit on your out-of-pocket costs each year.

Get the benefits and coverage you need

Network — large statewide network, including 96% of all Minnesota providers

Choice — range of plans and premiums to fit your needs, lifestyle and budget

Customer service — local and easy to reach

Convenience — medical and Medicare Part D prescription drug coverage in one plan

Lots of extras — vision, hearing, dental and SilverSneakers® fitness benefits



prescription drug coverage



dental coverage



over-the-counter allowance



coverage when traveling



fitness options



vision and hearing benefits



UCare offers Medicare plans throughout Minnesota

Wherever you live in the state, UCare has a Medicare plan for you.

Choose from a range of plans and premiums.

UCare plans available in Northern counties

UCare Prime (HMO-POS)*

UCare Prime is not available in St. Louis county.**

UCare Aware (HMO-POS)*

UCare Essentials Rx (HMO-POS)*

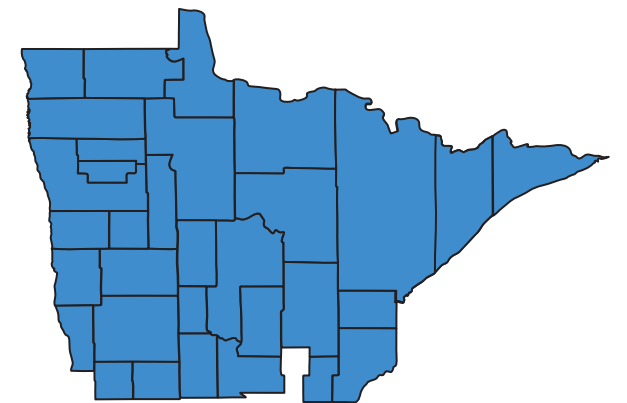
UCare Complete (HMO-POS)*

UCare Classic (HMO-POS)*

UCare Classic is only available in Aitkin, Becker, Carlton, Cass, Clay, Cook, Crow Wing, Hubbard, Kanabec, Lake, Morrison, Pine, and St. Louis counties.

UCare Value Plus (HMO-POS)*

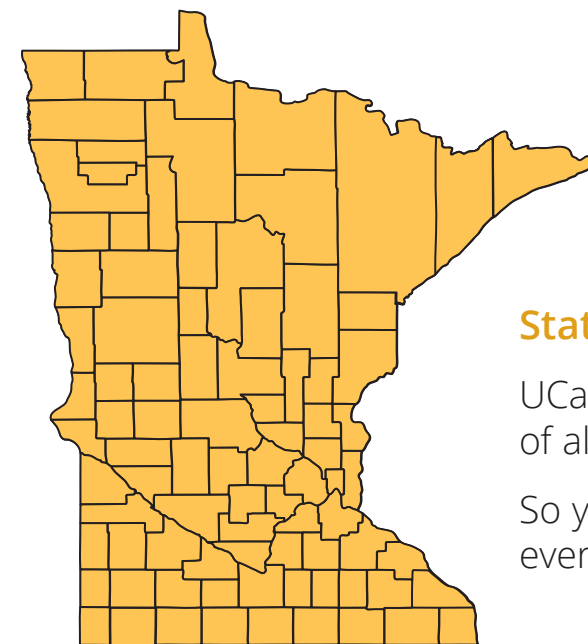
UCare Value (HMO-POS)*



Northern Area

Aitkin, Becker, Beltrami, Carlton, Cass, Clay, Clearwater, Cook, Crow Wing, Douglas, Grant, Hubbard, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Mahnommen, Marshall, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Red Lake, Roseau, St. Louis, Todd, Wadena, Wilkin

For information about plans available in other counties, call us at 1-877-523-1518 (TTY users call 1-800-688-2534), 8 am – 5 pm, Monday – Friday.



Statewide network

UCare Medicare Plans include 96% of all Minnesota providers.

So you're covered at home and everywhere in Minnesota.

*HMO-POS: Health Maintenance Organization with a Point-of-Service contract.

**Other plans may be available, including \$0 plans. Call for details.

Picture yourself in one of our plans



Mark

Mark turns 65 next month. He’s active, in great health and wants good coverage in case of an emergency or serious illness. He is willing to pay higher cost-sharing in exchange for a \$0 premium with UCare Prime.



Carol

Like Mark, Carol is in good health and willing to pay a little more each month for smaller copays. That’s exactly what she’ll get with UCare Aware.



John

John is in good health and doesn’t foresee any large health care expenses. He takes prescription drugs to manage his health. UCare Essentials Rx is a great fit, providing all-in-one coverage for a low premium.



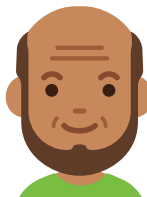
Betty

Betty wants broad health and drug coverage at an affordable price. Betty finds UCare Complete to be a perfect fit for her budget and lifestyle.



Kathy

Kathy is shopping for a plan that covers all the care she needs with low or no out-of-pocket costs for doctor visits and prescriptions. UCare Classic helps her save money and gives her peace of mind.



David

David is a veteran who gets most of his care and prescriptions through the VA. He wants an affordable plan with a large network that lets him see a specialist without a referral. David chooses UCare Value Plus.



Rick

Like David, Rick is a veteran. He is willing to pay a low monthly cost for richer medical coverage and a higher allowance on eyewear. Rick sees himself in UCare Value.

	UCARE PRIME	UCARE AWARE	UCARE ESSENTIALS RX
Premium	\$0	\$26	\$69
Medical and hospital	✓	✓	✓
Fitness programs	✓	✓	✓
Dental	✓	✓	✓
Vision and hearing	✓	✓	✓
Over-the-counter allowance	✓	✓	✓
Medicare Part D prescription drug coverage	✓	✓	✓
Coverage when traveling	✓	✓	✓
Maximum out-of-pocket	\$5,500	\$5,000	\$3,800

UCARE COMPLETE	UCARE CLASSIC	UCARE VALUE PLUS	UCARE VALUE
\$99	\$215	\$0	\$29
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓	✓	✓
✓	✓		
✓	✓	✓	✓
✓	✓		
\$3,000	\$3,000	\$5,500	\$3,400



Coverage in Minnesota

UCare provider network

UCare Medicare Plans include a broad provider network. In fact, 96% of all Minnesota providers are in network including doctors, clinics, hospitals and other health care providers. Our large, statewide network means you can likely keep your doctor. You can also see any specialist in the network without a referral.

Our network includes most major health systems in your area such as Essentia Health, St. Luke's, Sanford, plus Mayo.

96% of all Minnesota providers in network



Find a provider

Search for a full list of providers (including specialists, hospitals, dentists and chiropractors) at **ucare.org/medicare123**, click "find a doc, find a drug."

You can search by provider name, specialty, gender, language and distance from you.

You'll also be able to see if providers accept new patients and learn about their qualifications.

If you prefer, call for help or to request a Provider and Pharmacy Directory at **1-877-523-1518**.



Coverage when traveling

Our UCare Medicare Plans travel with you. UCare AnywhereSM covers you wherever you travel in the U.S. when you get care from any provider that accepts Medicare.

As a UCare Medicare member, here's how it works:

- You'll pay your in-network copay for primary care, specialty office visits and physical therapy
- You can take advantage of your out-of-network benefits any time during the year
- Your plan covers up to 80% of many other non-emergency services you receive in the U.S.

Emergencies are covered while traveling in the U.S. and worldwide with a copay.



Prescription drug coverage

Find a drug

Search our List of Covered Drugs (formulary) at ucare.org/medicare123, click “find a doc, find a drug.”

If you prefer, use the printed 2021 List of Covered Drugs provided. Check the alphabetical index in the back to find your drugs.

Find a pharmacy

Fill your prescriptions at one of more than 23,000 preferred and 42,000 standard pharmacies in our plan network.

You’ll save more when you use preferred pharmacies:

- Preferred retail pharmacies include CVS/Target, Costco, Cub Foods, Sam’s Club/ Walmart, Hy-Vee and Cash Wise
- Express Scripts preferred mail order pharmacy provides a 90-day supply for two copays

You can also fill your prescriptions at standard cost-share pharmacies nationwide, including Walgreens.

To find a preferred pharmacy in our plan network, use the online search tool at ucare.org/medicare123.

If you prefer, call for help or request a Provider and Pharmacy Directory at **1-877-523-1518**.



New for 2021

UCare members now have lower copays for the Shingrix shingles vaccine. Members who take select formulary insulins have a low copay of \$30 to \$35 for a one-month supply, regardless of Part D coverage phase.



Dental coverage

All UCare Medicare Plans include dental coverage, and some give you the flexibility to purchase optional dental coverage. You can make the most of your dental benefits when you see providers in the Delta Dental Medicare Advantage network. You may pay more for services if you see a provider outside this network.



Over-the-counter allowance

Our plans help you save money in lots of ways, including an over-the-counter (OTC) allowance. This allowance is yours to spend as you like on qualifying items like cough drops, first aid supplies, pain relief, sinus medication and toothpaste at participating retailers.



Fitness options

SilverSneakers Fitness Program

Whether you're close to home or traveling, you can use your SilverSneakers membership however and whenever it works for you. This fitness program includes:

- A free basic fitness membership at more than 16,000 locations in the SilverSneakers network
- Online access to recipes, community support and prerecorded on-demand classes
- SilverSneakers FLEX™ fitness classes
- At-home fitness kit options for stress relief, strength, walking and yoga

How it works

To find clubs and classes where you live or travel, visit silversneakers.com or call 1-888-423-4632, Monday – Friday, 7 am – 7 pm CT.



Health Club Savings Program

Join a class, work with weights, swim some laps, or try something new. Health Club Savings offers the variety you want and the flexibility you deserve. If you belong to a participating health club that is not in the SilverSneakers network, you can receive a reimbursement of up to \$20 in your monthly health club membership fees.

How it works

Bring your UCare member ID card to your health club to sign up. To see a full list of participating health clubs, visit ucare.org/healthwellness.



Vision benefits

UCare Medicare Plans offer a vision benefit with a dollar allowance for glasses and contact lenses. These allowances range from \$100 to \$200, depending on the plan you choose.



Hearing benefits

Members enjoy a deep discount on high-quality hearing aids through TruHearing.® Choose from a variety of premium and standard hearing aids with lower copays. The rechargeable battery option is covered on all premium hearing aids at no additional cost to members.



Community education discount

Get up to a \$15 discount on most Minnesota community education classes. Check your local community education catalog or contact the local school district for class times and locations. Limit of three discounts in a calendar year (one discount per class enrollment).

Enrollment

Choose a clinic

Select a primary care clinic from the Primary Care Clinic Listing found in your plan information kit. Within this clinic, you may see any doctor. You may see any specialist in our network without a referral.

Forms by mail

We must receive your enrollment application by (not postmarked by) the end of the month prior to when you want coverage to start (except during the Annual Election Period — must be received by 12/7 for a 1/1 effective date).

Once we receive your enrollment application, you:

- may receive a call from us if any required information is missing from the enrollment form
- get a letter within 15 days to verify your enrollment
- may receive a letter from us if you did not have a Medicare Part D plan from the date you were first eligible
- may receive a letter from us if you are leaving an employer group plan to join our plan
- will get a new member packet
- will get a UCare member identification card that you can begin using on your effective date

Should you require medical services or prescription drugs before you receive your ID card, please call Customer Service at 1-877-523-1515 (TTY users call 1-800-688-2534).

How to pay your premiums

You can choose to pay your monthly premium:

- by check
- automatic payment/Electronic Funds Transfer (EFT)
- Social Security or Railroad Retirement Board withdrawal
- online at **member.ucare.org**

Please do not send payment with your enrollment form.

3 ways to enroll



online

ucare.org/medicare123

fast and easy
secure data transfer
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by mail

fill out the enrollment
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Plan benefit details

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	UCARE PRIME	UCARE AWARE	UCARE ESSENTIALS RX	UCARE COMPLETE	UCARE CLASSIC	UCARE VALUE PLUS	UCARE VALUE
2021 monthly premium (you must continue to pay your Medicare Part B premium)	\$0	\$26	\$69	\$99	\$215	\$0	\$29
Medicare Part B premium reduction	None	None	None	None	None	\$20	None
Medical deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medicare Part D deductible	Tier 1 = \$0 Tiers 2–5 = \$445	Tier 1 = \$0 Tiers 2–5 = \$395	Tiers 1 & 2 = \$0 Tiers 3–5 = \$395	Tiers 1 & 2 = \$0 Tiers 3–5 = \$235	Tiers 1 & 2 = \$0 Tiers 3–5 = \$225	Not covered	Not covered
Maximum out-of-pocket The most you will pay out-of-pocket for in-network Medicare-covered services each year. Excludes Medicare Part D and all other non-Medicare covered services and premium	\$5,500; then 100% covered	\$5,000; then 100% covered	\$3,800; then 100% covered	\$3,000; then 100% covered	\$3,000; then 100% covered	\$5,500; then 100% covered	\$3,400; then 100% covered
Hospital Care							
Inpatient hospital care (per admission)	\$300 copay per day (days 1–5); then 100% covered	\$250 copay per day (days 1–5); then 100% covered	\$400 copay per stay (not per day); then 100% covered	\$125 copay per stay (not per day); then 100% covered	\$125 copay per stay (not per day); then 100% covered	\$150 copay per day (days 1–5); then 100% covered	\$200 copay per stay (not per day); then 100% covered
Outpatient hospital or procedure	\$395 copay	\$250 copay	\$300 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay
Ambulatory surgery center	\$395 copay	\$250 copay	\$300 copay	\$250 copay	\$150 copay	\$250 copay	\$250 copay
Doctor Visits							
Primary	In-network \$25 copay Out-of-network \$25 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay
Specialist	In-network \$50 copay Out-of-network \$50 copay	In-network \$45 copay Out-of-network \$45 copay	In-network \$45 copay Out-of-network \$45 copay	In-network \$30 copay Out-of-network \$30 copay	In-network \$20 copay Out-of-network \$20 copay	In-network \$45 copay Out-of-network \$45 copay	In-network \$35 copay Out-of-network \$35 copay
Preventive Care							
Routine physical exam	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered

In general, out-of-network cost-sharing in the U.S. is 30% for UCare Prime and 20% for other plans; cost-sharing is the same both in- and out-of-network for some services.

	UCARE PRIME	UCARE AWARE	UCARE ESSENTIALS RX	UCARE COMPLETE	UCARE CLASSIC	UCARE VALUE PLUS	UCARE VALUE
Preventive Care continued							
For the next four rows, the \$0 copay applies in-network and out-of-network for all plans.							
“Welcome to Medicare” preventive visit (if in the first 12 months on Part B)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Annual Wellness Exam (if you’ve had Part B for more than 12 months)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Immunizations — Flu and pneumonia vaccines (shingles vaccine is covered under Medicare Part D)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Mammogram screening, prostate cancer screening exam, bone mass measurement, diabetes screening, preventive colorectal cancer screening	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency / Urgent Care — network does not apply							
Emergency care	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$100 copay
Urgently needed services	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Diagnostic Tests, Radiation Therapy, X-rays and Lab Services							
Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays	20% coinsurance	20% coinsurance up to a maximum of \$75 per day	10% coinsurance up to a maximum of \$75 per day	10% coinsurance up to a maximum of \$75 per day	\$0 copay	20% coinsurance up to a maximum of \$75 per day	10% coinsurance up to a maximum of \$50 per day
Lab services (e.g., Protime INR, cholesterol)	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay
Hearing Services							
Diagnostic hearing exam	\$50 copay	\$35 copay	\$45 copay	\$35 copay	\$20 copay	\$35 copay	\$35 copay
Annual routine hearing exam, hearing aid fitting and evaluation through TruHearing (three per year)	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered
TruHearing aids in both Advanced and Premium models (two different copay amounts; two aids per year)	\$699 for Advanced Aid \$999 for Premium Aid	\$699 for Advanced Aid \$999 for Premium Aid	\$699 for Advanced Aid \$999 for Premium Aid	\$599 for Advanced Aid \$899 for Premium Aid	\$599 for Advanced Aid \$899 for Premium Aid	\$699 for Advanced Aid \$999 for Premium Aid	\$599 for Advanced Aid \$899 for Premium Aid

	UCARE PRIME	UCARE AWARE	UCARE ESSENTIALS RX	UCARE COMPLETE	UCARE CLASSIC	UCARE VALUE PLUS	UCARE VALUE
Dental Coverage							
Coverage includes	\$250 yearly allowance	\$500 yearly allowance	Routine dental with optional coverage available	Comprehensive dental coverage at no additional cost	Routine dental with optional coverage available	Routine dental with optional coverage available	Routine dental with optional coverage available
Premium	\$0	\$0	+ \$25 per month	\$0	+ \$25 per month	+ \$25 per month	+ \$25 per month
Deductible	\$0	\$0	\$75 per year	\$75 per year (does not apply to preventive services or periodontal maintenance cleanings)	\$50 per year	\$75 per year	\$75 per year
Annual plan maximum	\$250	\$500	\$2,000	\$2,000	\$2,500	\$2,000	\$2,000
Oral examinations	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	One per year* (two total with purchase of optional coverage)	Two per year	Two per year*	One per year* (two total with purchase of optional coverage)	One per year* (two total with purchase of optional coverage)
Routine cleanings			One per year* (two total with purchase of optional coverage)	Two per year	Three per year*	One per year* (two total with purchase of optional coverage)	One per year* (two total with purchase of optional coverage)
X-rays			Annual bitewing* (full mouth every 5 years with purchase of optional coverage)	Annual bitewing and full mouth every 5 years	Annual bitewing and full mouth every 5 years*	Annual bitewing* (full mouth every 5 years with purchase of optional coverage)	Annual bitewing* (full mouth every 5 years with purchase of optional coverage)
Fluoride treatment			Covered*	Covered	Covered*	Covered*	Covered*
Periodontal maintenance cleanings			One per year* (more with purchase of optional coverage)	Covered	Three per year*	One per year* (more with purchase of optional coverage)	One per year* (more with purchase of optional coverage)
Basic restorative services (e.g., fillings, root canals, periodontal services)			30% coinsurance with purchase of optional coverage	50% coinsurance	20% coinsurance with purchase of optional coverage	30% coinsurance with purchase of optional coverage	30% coinsurance with purchase of optional coverage
Major restorative procedures (e.g., crowns, bridges, implants)			60% coinsurance with purchase of optional coverage	70% coinsurance	50% coinsurance with purchase of optional coverage	60% coinsurance with purchase of optional coverage	60% coinsurance with purchase of optional coverage

***These services are included without purchase of optional coverage and no deductible applies. These services do not apply to annual plan maximum.**

For dental limitations and exclusions, see pages 38–39.

	UCARE PRIME	UCARE AWARE	UCARE ESSENTIALS RX	UCARE COMPLETE	UCARE CLASSIC	UCARE VALUE PLUS	UCARE VALUE
Vision Services							
Diagnostic eye exam	\$50 copay	\$35 copay	\$45 copay	\$35 copay	\$20 copay	\$35 copay	\$35 copay
Annual routine eye exam	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered
Eyeglasses or contact lenses after cataract surgery	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Annual allowance for eyeglasses or contacts at any provider	\$100	\$100	\$150	\$200	\$150	\$100	\$150
Mental Health Services							
Inpatient hospital stay (90-day limit per stay) Limited to 190 days in a lifetime in a psychiatric hospital	\$300 copay per day (days 1–5); then 100% covered	\$250 copay per day (days 1–5); then 100% covered	\$400 copay per stay (not per day); then 100% covered	\$125 copay per stay (not per day); then 100% covered	\$125 copay per stay (not per day); then 100% covered	\$150 copay per day (days 1–5); then 100% covered	\$200 copay per stay (not per day); then 100% covered
Outpatient mental health care	In-network \$40 copay Out-of-network \$40 copay	In-network \$40 copay Out-of-network \$40 copay	In-network \$40 copay Out-of-network \$40 copay	In-network \$30 copay Out-of-network \$30 copay	In-network \$20 copay Out-of-network \$20 copay	In-network \$40 copay Out-of-network \$40 copay	In-network \$35 copay Out-of-network \$35 copay
Skilled Nursing Facility Care (or swing bed)^							
Care in a skilled nursing facility with no prior 3-day hospital stay required	\$0 copay per day for days 1–20; \$184 copay per day for days 21–100; per benefit period	\$0 copay per day for days 1–20; \$184 copay per day for days 21–100; per benefit period	\$0 copay per day for days 1–20; \$184 copay per day for days 21–100; per benefit period	\$0 copay per day for days 1–20; \$184 copay per day for days 21–100; per benefit period	\$0 copay per day for days 1–20; \$100 copay per day for days 21–100; per benefit period	\$0 copay per day for days 1–20; \$184 copay per day for days 21–100; per benefit period	\$0 copay per day for days 1–20; \$125 copay per day for days 21–100; per benefit period
Physical therapy	In-network \$40 copay Out-of-network \$40 copay	In-network \$40 copay Out-of-network \$40 copay	In-network \$40 copay Out-of-network \$40 copay	In-network \$30 copay Out-of-network \$30 copay	In-network \$20 copay Out-of-network \$20 copay	In-network \$40 copay Out-of-network \$40 copay	In-network \$35 copay Out-of-network \$35 copay
Ambulance (within the U.S. and its territories) Includes air and/or ground	\$300 copay	\$275 copay	\$250 copay	\$275 copay	\$225 copay	\$200 copay	\$100 copay
Transportation (non-emergency)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

^Service requires prior authorization

	UCARE PRIME	UCARE AWARE	UCARE ESSENTIALS RX	UCARE COMPLETE	UCARE CLASSIC	UCARE VALUE PLUS	UCARE VALUE
Medicare Part B Drugs^ Generally, drugs that must be administered by a health professional	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Chiropractic services through ChiroCare network^ Manual manipulation of the spine to correct subluxation	In-network \$20 copay Out-of-network Not covered	In-network \$20 copay Out-of-network Not covered	In-network \$20 copay Out-of-network Not covered	In-network \$20 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$20 copay Out-of-network Not covered	In-network \$10 copay Out-of-network Not covered
Podiatry services	In-network \$50 copay Out-of-network \$50 copay	In-network \$45 copay Out-of-network \$45 copay	In-network \$45 copay Out-of-network \$45 copay	In-network \$30 copay Out-of-network \$30 copay	In-network \$20 copay Out-of-network \$20 copay	In-network \$45 copay Out-of-network \$45 copay	In-network \$35 copay Out-of-network \$35 copay
Over-the-counter (OTC) allowance	\$50 every six months	\$50 every six months	\$50 every six months	\$50 every six months	\$50 every six months	\$50 every six months	\$50 every six months
Durable medical equipment^ (e.g., oxygen equipment, CPAP)	In-network 20% coinsurance Out-of-network Not covered	In-network 20% coinsurance Out-of-network Not covered	In-network 20% coinsurance Out-of-network Not covered	In-network 20% coinsurance Out-of-network Not covered	In-network 20% coinsurance Out-of-network Not covered	In-network 20% coinsurance Out-of-network Not covered	In-network 20% coinsurance Out-of-network Not covered
Prosthetic devices (e.g., braces, colostomy bags and supplies)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance
Diabetic supplies • Continuous blood glucose monitors • Other glucose monitors • Test strips and lancets (Insulin and syringes covered under Medicare Part D)	20% coinsurance 20% coinsurance 20% coinsurance	20% coinsurance 20% coinsurance 20% coinsurance	20% coinsurance 20% coinsurance 20% coinsurance	20% coinsurance 10% coinsurance 10% coinsurance	20% coinsurance \$0 copay \$0 copay	20% coinsurance \$0 copay \$0 copay	20% coinsurance \$0 copay \$0 copay

OTHER SERVICES

^Service requires prior authorization

	UCARE PRIME	UCARE AWARE	UCARE ESSENTIALS RX	UCARE COMPLETE	UCARE CLASSIC	UCARE VALUE PLUS	UCARE VALUE
UCare Anywhere SM coverage when you travel within the U.S. — when you get care from any provider that accepts Medicare, you'll have the same copay as in-network services							
Primary	\$25 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist	\$50 copay	\$45 copay	\$45 copay	\$30 copay	\$20 copay	\$45 copay	\$35 copay
Physical therapy	\$40 copay	\$40 copay	\$40 copay	\$30 copay	\$20 copay	\$40 copay	\$35 copay
Outpatient mental health care	\$40 copay	\$40 copay	\$40 copay	\$30 copay	\$20 copay	\$40 copay	\$35 copay
Most other non-emergency services received out-of-network	30% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Emergency care	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$100 copay
Urgently needed services	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Ambulance (within the U.S. and its territories) Includes air and/or ground	\$300 copay	\$275 copay	\$250 copay	\$275 copay	\$225 copay	\$200 copay	\$100 copay
Worldwide Emergency Care (outside the U.S. and its territories)							
Emergency care including post-stabilization	\$90 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Ground ambulance to the nearest hospital for emergency care	\$90 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay

Note: Only emergency coverage is worldwide. You may want to consider purchasing a separate travel policy while traveling outside the U.S. for services such as air ambulance.

	UCARE PRIME	UCARE AWARE	UCARE ESSENTIALS RX	UCARE COMPLETE	UCARE CLASSIC	UCARE VALUE PLUS	UCARE VALUE
Medicare Part D coverage — included with these plan options at no additional premium						Medicare Part D drugs are not covered in UCare Value Plus. Note: You CANNOT be a member of this plan and a stand-alone Medicare Part D plan at the same time. If you want both medical and prescription drug coverage, choose one of the other UCare Medicare Plans.	Medicare Part D drugs are not covered in UCare Value. Note: You CANNOT be a member of this plan and a stand-alone Medicare Part D plan at the same time. If you want both medical and prescription drug coverage, choose one of the other UCare Medicare Plans.
Cost Sharing for Deductible: You pay the full cost of your drugs until you reach this amount	Tier 1 = \$0 Tiers 2–5 = \$445	Tier 1 = \$0 Tiers 2–5 = \$395	Tiers 1 & 2 = \$0 Tiers 3–5 = \$395	Tiers 1 & 2 = \$0 Tiers 3–5 = \$235	Tiers 1 & 2 = \$0 Tiers 3–5 = \$225		
Initial Coverage Phase: From \$0 to \$4,130 in annual prescription drug costs. After you meet the deductible, you pay the amounts listed below							
Cost Sharing (Retail): Our network includes preferred pharmacies, which offer lower cost sharing than standard network pharmacies							
Tier 1 Preferred generic drugs	Retail — 30-day supply Preferred: \$3 copay Standard: \$12 copay	Retail — 30-day supply Preferred: \$2 copay Standard: \$12 copay	Retail — 30-day supply Preferred: \$2 copay Standard: \$12 copay	Retail — 30-day supply Preferred: \$0 copay Standard: \$12 copay	Retail — 30-day supply Preferred: \$0 copay Standard: \$10 copay		
Tier 2 Generic drugs	Retail — 30-day supply Preferred: \$10 copay Standard: \$20 copay	Retail — 30-day supply Preferred: \$10 copay Standard: \$20 copay	Retail — 30-day supply Preferred: \$10 copay Standard: \$20 copay	Retail — 30-day supply Preferred: \$10 copay Standard: \$20 copay	Retail — 30-day supply Preferred: \$7 copay Standard: \$17 copay		
Tier 3 Preferred brand drugs	Retail — 30-day supply Preferred: 17% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: 17% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: \$47 copay Standard: \$47 copay	Retail — 30-day supply Preferred: \$47 copay Standard: \$47 copay	Retail — 30-day supply Preferred: \$35 copay Standard: \$45 copay		
Tier 4 Non-preferred drugs	Retail — 30-day supply Preferred: 45% coinsurance Standard: 50% coinsurance	Retail — 30-day supply Preferred: 45% coinsurance Standard: 50% coinsurance	Retail — 30-day supply Preferred: 45% coinsurance Standard: 50% coinsurance	Retail — 30-day supply Preferred: 45% coinsurance Standard: 50% coinsurance	Retail — 30-day supply Preferred: 45% coinsurance Standard: 50% coinsurance		
Tier 5 Specialty drugs	Retail — 30-day supply Preferred: 25% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: 25% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: 25% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: 28% coinsurance Standard: 28% coinsurance	Retail — 30-day supply Preferred: 29% coinsurance Standard: 29% coinsurance		

Cost-sharing may differ based on pharmacy type or status (mail-order, retail, long term care (LTC), home infusion), whether the pharmacy is in our preferred or standard network or whether the prescription is short-term (30-day supply) or long-term (90-day supply).

Additional requirements or limits on covered drugs — Some covered drugs may have additional requirements or limits on coverage. These may include: Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST). Visit ucare.org/medicare123 to find out if your drug has any additional requirements or limits. You can also ask us to make an exception to these restrictions or limits. Details on how to make these requests are in the formulary and in the UCare Medicare Plans Evidence of Coverage.



Preferred Pharmacies

More savings — Pay less for your drugs at more than 23,000 pharmacies including CVS/Target, Costco, Cub Foods, Sam’s Club/ Walmart, Hy-Vee and Cash Wise

To find a preferred pharmacy in your plan network, use the online search tool at ucare.org/medicare123.
If you prefer, call for help or request a Provider and Pharmacy Directory at **1-877-523-1518**.

Standard Pharmacies

More choice — Fill your prescriptions at more than 42,000 standard cost-share pharmacies nationwide, including Walgreen’s

	UCARE PRIME	UCARE AWARE	UCARE ESSENTIALS RX	UCARE COMPLETE	UCARE CLASSIC	UCARE VALUE PLUS	UCARE VALUE
Coverage Gap							
Once you have reached \$4,130 in annual prescription drug spending (your cost plus UCare's cost), you pay as shown	25% of the cost of generic and brand drugs	25% of the cost of generic and brand drugs	25% of the cost of generic and brand drugs	25% of the cost of generic and brand drugs	Tier 1 Preferred: \$0 copay Standard: \$10 copay Up to a 30-day supply Tier 2 Preferred: \$7 copay Standard: \$17 copay Up to a 30-day supply Tiers 3–5 25% of the cost of drugs	Not covered	Not covered
Catastrophic Coverage							
Once you have reached \$6,550 in annual prescription drug spending (excluding UCare's cost), you pay as shown	You pay The greater of \$3.70 or 5% coinsurance for generic drugs The greater of \$9.20 or 5% coinsurance for all other drugs	You pay The greater of \$3.70 or 5% coinsurance for generic drugs The greater of \$9.20 or 5% coinsurance for all other drugs	You pay The greater of \$3.70 or 5% coinsurance for generic drugs The greater of \$9.20 or 5% coinsurance for all other drugs	You pay The greater of \$3.70 or 5% coinsurance for generic drugs The greater of \$9.20 or 5% coinsurance for all other drugs	You pay The greater of \$3.70 or 5% coinsurance for generic drugs The greater of \$9.20 or 5% coinsurance for all other drugs	Not covered	Not covered

Extra Help for Medicare Part D

You may be able to get Extra Help to help pay for your prescription drug premium and costs.

To see if you qualify, call:

- 1-800-MEDICARE (TTY users call 1-877-486-2048), 24/7
- Social Security Administration at 1-800-772-1213 (TTY users call 1-800-325-0778), 7 am – 7 pm, Monday – Friday
- Your State Medicaid Office or County Human Services Office
- Senior LinkAge Line® at 1-800-333-2433

Some people will pay a higher premium for Medicare Part D coverage because their yearly income is over certain amounts.

Additional information

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Medicare Sales Specialist at 1-877-523-1518.

Understanding the benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **ucare.org** or call 1-877-523-1518 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/ coinsurance may change on January 1, 2022.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

Provider network coverage

While you are a member of our plan, you must use network providers to get your medical care and services covered at in-network cost-share levels. Exceptions to this include emergency care, urgent care, out-of-area dialysis services, lab services, Medicare-covered preventive screenings, and cases in which the plan authorizes use of out-of-network providers. You can obtain certain covered services from out-of-network providers at different cost-share levels.

Out-of-network/non-contracted providers are under no obligation to treat UCare members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Learn about special services

Care Management

UCare provides extra support to members with short-term or complex health needs, and social service needs. A case manager is available to you based on such factors as your use of acute services, your health assessment or provider referral.

We offer care management to members with select diagnoses who transition to home from a hospital or skilled nursing facility. Care management may entail communication with a facility discharge planner, medication reconciliation, assistance with scheduling follow-up appointments, and ensuring home care services are in place if ordered by your provider. Case managers coordinate services across the continuum of health care. They conduct care management by phone during business hours.

Prior Authorizations

We cover some services listed in the benefits chart only if your doctor or other provider gets approval from us in advance. Some of the covered services that need such approval include inpatient rehabilitation services, genetic molecular diagnosis test, spine surgery, bone growth stimulators and spinal cord stimulators. Other services that require prior authorization are marked with an ^ in the chart. For more information on services that require prior authorization by your provider, go to **ucare.org**.

The Benefits Chart section of the Evidence of Coverage includes this information for each of our UCare Medicare Plans. This information is also at **ucare.org**.

Understanding utilization management

Authorization and notification

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

This Summary of Benefits notes which types of care or services require notification or authorization. This list may change from time to time. Some examples include spine surgery and home health care.

Notification

Hospitals are required to notify UCare if you are admitted to a hospital, Long Term Care Facility, or Skilled Nursing Facility. UCare’s clinical team will coordinate with your doctors to make sure you get the care you need. If needed, UCare may set up post-hospital care.

Authorization

Before some services will be covered, your provider must get approval from UCare. This is true whether the provider participates in a UCare network or is out-of-network.

To make a coverage decision, UCare’s clinical team evaluates if the service is medically necessary, appropriate and effective for your need.

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

Urgent concurrent and concurrent review often occurs during a Long Term Care Facility, or Skilled Nursing Facility stay. UCare will review to see if your care might need to continue longer or if different care is needed.

Post-service review is needed if your doctor didn’t request pre-service review. Your claim may have already been denied because authorization is required for coverage. After your doctor requests review, UCare will consider your situation and care plan to make sure you get the coverage you are entitled to as a UCare member.

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.

Learn more

Go to **ucare.org** and click on “plan resources.” UCare members can also look up services in their Evidence of Coverage and Annual Notice of Change documents. These documents note if notification

and authorization is required. The Evidence of Coverage is provided to new members. Every renewal year, members receive an Annual Notice of Change that explains any changes to their plan benefits.

Consider Medicare coverage limits

The following items and services are not covered under Original Medicare or by our plan:

- Services considered not reasonable and necessary, according to the standards of Original Medicare, unless these services are listed by our plan as covered services
- Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare-approved clinical research study or by our plan. Experimental procedures and items are those determined by our plan and Original Medicare to not be generally accepted by the medical community.
- Private room in a hospital, except when it is considered medically necessary or if it is the only option available
- Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
- Full-time nursing care in your home
- Custodial care — care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.
- Homemaker services include basic household assistance, including light housekeeping or light meal preparation
- Fees charged for care by your immediate relatives or members of your household
- Cosmetic surgery or procedures, unless covered in case of an accidental injury or for improvement of the functioning of a malformed body part. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
- Routine chiropractic care, other than manual manipulation of the spine to correct a subluxation
- Home-delivered meals

- Routine foot care, except for the limited coverage provided according to Medicare guidelines (e.g., if you have diabetes)
- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease
- Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease
- Radial keratotomy, LASIK surgery, vision therapy and other low-vision aids. Eyewear except for one pair of eyeglasses (or contact lenses) after cataract surgery and non Medicare-covered eyewear up to the allowed amount.
- Reversal of sterilization procedures, and/or non prescription contraceptive supplies
- Acupuncture (except for chronic low back pain)
- Naturopath services (uses natural or alternative treatments)

Our plan will not cover the excluded services listed above. Even if you receive the services at an emergency facility, the excluded services are still not covered.

Dental coverage limitations

Frequency limits and waiting periods do not apply to plans with a yearly dental allowance. Otherwise these limitations apply to all plans.

- Endodontics: Limited to one (1) per tooth per lifetime.
- Periodontics (other than periodontal maintenance cleanings): Coverage is limited to one (1) non-surgical periodontal treatment and one (1) surgical periodontal treatment per quadrant every 36 months.
- Oral/maxillofacial surgery: Coverage is limited to once per site (upper/lower ridge) in conjunction with building the bony ridge needed for successful placement of an implant or removable prosthetics (partial/full dentures).
- Major restorative services: Benefit for the replacement of a crown or an onlay will be provided only after a five (5) year period, measured from the last date the covered dental service was performed.
- Prosthetics — removable and fixed: A prosthetic appliance (denture or bridge) for the purpose of replacing an existing appliance will be covered only after five (5) years.

- Implant services: Replacing a single missing tooth. Coverage for implants is limited to once per tooth per lifetime (also see Exclusion #19).

Dental coverage exclusions

While some of the exclusions shown below may be covered services under the terms of the Evidence of Coverage for non-dental services, the following are not covered dental services under this comprehensive dental benefit package:

1. Services rendered by dentists who have opted out or been excluded from Medicare are not eligible for reimbursement
2. Dental services that are not necessary or specifically covered
3. Hospitalization or other facility charges
4. Prescription drugs
5. Any dental procedure performed solely as a cosmetic procedure
6. Charges for dental procedures completed prior to the member's effective date of coverage
7. Anesthesiologist services
8. Dental procedures, appliances or restorations that are necessary to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition (wear), realignment of teeth, periodontal splinting, and gnathologic recordings
9. Direct diagnostic surgical or non-surgical treatment procedures applied to jaw joints or muscles, except as provided under Oral Surgery in the Evidence of Coverage
10. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions
11. Oral hygiene instruction and periodontal exam
12. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture
13. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the Evidence of Coverage
14. Analgesia (nitrous oxide)
15. Removable unilateral dentures
16. Temporary procedures
17. Splinting
18. Consultations by the treating provider and office visits
19. Initial installation of implants, full or partial dentures or fixed bridgework to replace a

tooth or teeth extracted prior to the member's effective date. Exception: This exclusion will not apply for any member who has been continuously covered under the comprehensive dental benefit package for more than 24 months

20. Occlusal analysis, occlusal guards (night guards) and occlusal adjustments (limited and complete)
21. Veneers (bonding of coverings to the teeth)
22. Orthodontic treatment procedures
23. Corrections to congenital conditions, other than for congenital missing teeth
24. Athletic mouth guards
25. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the EOC
26. Space maintainers

Notice of privacy practices

Effective Date: July 1, 2013

This Notice describes how medical information about you* may be used and disclosed and how you can get access to this information. Please review it carefully.

Questions?

If you have questions or want to file a complaint, you may contact our Privacy Officer at UCare, Attn: Privacy Officer, P.O. Box 52, Minneapolis, MN 55440-0052, or by calling our 24-hour Compliance Hotline at 612-676-6525. You may also file a complaint with the Secretary of the U.S. Department of Health & Human Services at the Office for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. We will not retaliate against you for filing a complaint.

*In this Notice, “you” means the member and “we” means UCare.

Why are we telling you this?

UCare believes it is important to keep your health information private. In fact, the law requires us to do so. The law also requires us to tell you about our legal duties and privacy practices. We are required to follow the terms of the Notice currently in effect.

What do we mean by “information”?

In this Notice, when we talk about “information,” “medical information,” or “health information,” we mean information about you that we collect in our business of providing health coverage for you and your family. It is information that identifies you.

What kinds of information do we use?

We receive information about you as part of our work in providing health plan services and health coverage. This information includes your name, address, and date of birth, gender, telephone numbers, family information, financial information, health records, or other health information. Examples of the kinds of information we collect include: information from enrollment applications, claims, provider information, and customer satisfaction or health surveys; information you give us when you call us about a question or when you file a complaint or appeal; information we need to answer your question or decide your appeal; and information you provide us to help us obtain payment for premiums.

What do we do with this information?

We use your information to provide health plan services to members and to operate our health plan. These routine uses involve coordination of care, preventive health, and case management programs. For example, we may use your information to talk with your doctor to coordinate a referral to a specialist.

We also use your information for coordination of benefits, enrollment and eligibility status, benefits management, utilization management, premium billing, claims issues, and coverage decisions. For example, we may use your information to pay your health care claims.

Other uses include customer service activities, complaints or appeals, health promotion, quality activities, health survey information, underwriting, actuarial studies, premium rating, legal and regulatory compliance, risk management, professional peer review, credentialing, accreditation, antifraud activities, as well as business planning and administration. For example, we may use your information to make a decision regarding an appeal filed by you.

In addition, we may use your information to provide you with appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We may also share information with family members or others you identify as involved with your care, or with the sponsor of a group health plan, as applicable.

We do not use or disclose any genetic information for the purpose of underwriting.

We do not sell or rent your information to anyone. We will not use or disclose your information for fundraising without your permission. We will only use or disclose your information for marketing purposes with your authorization. We treat information about former members with the same protection as current members.

Who sees your information?

UCare employees see your information only if necessary to do their jobs. We have procedures and systems to keep personal information secure from people who do not have a right to see it. We may share the information with providers and other companies or persons working with or for us. We have contracts with those companies or persons. In those contracts, we require that they agree to keep your information confidential. This includes our lawyers, accountants, auditors, third party administrators, insurance agents or brokers, information systems companies, marketing companies, disease management companies, or consultants.

We also may share your information as required or permitted by law. Information may be shared with government agencies and their contractors as part of regulatory reports, audits, encounter reports, mandatory reporting such as child abuse, neglect, or domestic violence; or in response to a court or administrative order, subpoena, or discovery request. We may share information with health oversight agencies for licensure, inspections, disciplinary actions, audits, investigations, government program eligibility, government program standards compliance, and for certain civil rights enforcement actions. We also may share information for research, for law enforcement purposes, with coroners to permit identification or determine cause of death, or with funeral directors to allow them to carry out their duties. We may be required to share information with the Secretary of the Department of Health and Human Services to investigate our compliance efforts. There may be other situations when the law requires or permits us to share information.

We only share your psychotherapy notes with your authorization and in certain other limited circumstances.

Other uses and disclosures not described above will be made only with your written permission. We will also accept the permission of a person with authority to represent you.

In most situations, permissions to represent you may be canceled at any time. However, the cancellation will not apply to uses or disclosures we made before we received your cancellation. Also, once we have permission to release your information, we cannot promise that the person who receives the information will not share it.

What are your rights?

- You have the right to ask that we don't use or share your information in a certain way. *Please note that while we will try to honor your request, we are not required to agree to your request.*
- You have the right to ask us to send information to you at an address you choose or to request that we communicate with you in a certain way. For example, you may request that your mailings be sent to a work address rather than your home address. We may ask that you make your request in writing.
- You have the right to look at or get a copy of certain information we have about you. This information includes records we use to make decisions about health coverage, such as payment, enrollment, case, or medical management records. We may ask you to make your request in writing. We may also ask you to provide information we need to answer your request. We have the right to charge a reasonable fee for the cost of making and mailing the copies. In some cases, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will tell you in writing. We may give you a right to have the decision reviewed. Please let us know if you have any questions about this.
- You have the right to ask us to correct or add missing information about you that we have in our records. Your request needs to be in writing. In some cases, we may deny a request if the information is correct and complete, if we did not create it, if we cannot share it, or if it is not part of our records. All denials will be in writing. You may file a written statement of disagreement with us. We have the right to disagree with that statement. Even if we deny your request to change or add to your information, you still have the right to have your written request, our written denial, and your statement of disagreement included with your information.
- You have the right to receive a listing of the times when we have shared your information in some cases. Please note that we are not required to

provide you with a listing of information shared prior to April 14, 2003; information shared or used for treatment, payment, and health care operations purposes; information shared with you or someone else as a result of your permission; information that is shared as a result of an allowed use or disclosure; or information shared for national security or intelligence purposes. All requests for this list must be in writing. We will need you to provide us specific information so we can answer your request. If you request this list more than once in a 12-month period, we may charge you a reasonable fee. If you have questions about this, please contact us at the address provided at the end of this Notice.

- You have the right to receive notifications of breaches of your unsecured protected health information.
- You have the right to receive a copy of this Notice from us upon request. This Notice took effect July 1, 2013.

How do we protect your information?

UCare protects all forms of your information, written, electronic and oral. We follow the state and federal laws related to the security and confidentiality of your information. We have many safety procedures in place that physically, electronically and administratively protect your information against loss, destruction or misuse. These procedures include computer safeguards, secured files and buildings and restriction on who may access your information.

What else do you need to know?

We may change our privacy policy from time to time. As the law requires, we will send you our Notice if you ask us for it. If you have questions about this Notice, please call UCare Customer Service at the toll-free number listed on the back of your member card. This information is also available in other forms to people with disabilities. Please ask us for that information.

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).

XIYEEFFANNAA: 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).

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534)።

ဟ်သုၚ်ဟ်သး-နမ့ၢ်ကတိၤ ကညိၣ် ကျိၣ်အသိၣ်, နမ့ၢ် ကျိၣ်အတၢ်မၤစၢလၢ တလၢကိၣ်သုၣ်လၢစၢ နီတမံၤဘၣ်သုၣ်လၢ. ကိ: 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៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយវិទ្យុកភាសា ដោយមិនគិតល្មើល គឺអាចមានសំរាប់បំរើអ្នក។ 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 사용하시는 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).

The coverage you want at an affordable price.

	UCARE PRIME	UCARE AWARE	UCARE ESSENTIALS RX	UCARE COMPLETE	UCARE CLASSIC	UCARE VALUE PLUS	UCARE VALUE
Premium	\$0	\$26	\$69	\$99	\$215	\$0	\$29
Medical and hospital	✓	✓	✓	✓	✓	✓	✓
Fitness programs	✓	✓	✓	✓	✓	✓	✓
Dental	✓	✓	✓	✓	✓	✓	✓
Vision and hearing	✓	✓	✓	✓	✓	✓	✓
Over-the-counter allowance	✓	✓	✓	✓	✓	✓	✓
Medicare Part D prescription drug coverage	✓	✓	✓	✓	✓		
Coverage when traveling	✓	✓	✓	✓	✓	✓	✓
Maximum out-of-pocket	\$5,500	\$5,000	\$3,800	\$3,000	\$3,000	\$5,500	\$3,400



500 Stinson Blvd
Minneapolis, MN 55413
612-676-3500 | 1-877-523-1518 | TTY 1-800-688-2534
8 am – 5 pm, Monday – Friday
ucare.org

Y0120_2459_8056_082020_M

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