

UCare Connect + Medicare offers more benefits

UCare Connect + Medicare (SNBC) (HMO D-SNP) and UCare Connect (SNBC)

Additional benefits to improve your health		UCare Connect + Medicare	UCare Connect
Key perks	No premiums or deductibles*	✓	✓
	Transportation at no added cost to medical, dental and pharmacy appointments	✓	✓
	Keep Your Coverage team to help members with Medicaid (Medical Assistance) renewal paperwork	✓	✓
	One member ID card for Medicaid, Medicare and prescription drugs	✓	—
	Part D prescription drug coverage with no copays	✓	—
	Earn rewards for completing certain preventive screenings, tests or exams	✓	✓
	\$60 over-the-counter (OTC) allowance added to your UCare Healthy Benefits+ Visa® card each quarter to purchase eligible items in-store, online or by phone at participating retail locations	✓	—
Additional coverage	Additional dental coverage — two crowns per year, one crown repair per year	✓	—
	Eyewear upgrades — non-glare coating, photochromic tinting and progressive lenses	✓	—
	Routine foot care at no added cost once monthly	✓	—
	Up to seven round-trip rides per week to Alcoholics Anonymous or Narcotics Anonymous	✓	—
	Post-discharge medication reconciliation with a pharmacist	✓	—
	Twelve routine chiropractic visits per year, including additional exams and extremity adjustments for members with musculoskeletal disorders	✓	—
	Acupuncture for low back pain — up to 12 additional visits per year	✓	—
	Post-discharge Healthy Transitions — four re-admission prevention sessions with a community health worker	✓	—
	Twelve \$0 visits with a caregiver advisor per year through Caregiver Assurance. Get help with care coordination, service referrals, stress reduction tips and more.	✓	—

*You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance or another third party. To maintain your coverage, you must also continue to pay your Medical Assistance for Employed Persons with Disabilities (MA-EPD). (American Indians and Alaskan Natives are exempt from paying an MA-EPD.)

Continued on the back



Additional benefits to improve your health		UCare Connect + Medicare	UCare Connect
Fitness / health support	One Pass® fitness program with access to participating fitness locations nationwide, online classes, at-home fitness kits, brain training, no-cost social events, activities and more	✓	—
	Medication Toolkit to help make managing your medications easier	✓	—
	Flexible transportation — three round-trip rides per week to covered health and wellness locations and one round-trip ride per week to healthy food allowance sites for qualifying members	✓	—
	Get discounts on healthy foods at participating grocery stores. Weekly discounts are pre-loaded onto your Healthy Benefits+ card.	✓	✓
	Healthy food allowance of \$75 per month loaded onto your Healthy Benefits+ card for members with diabetes, hypertension or lipid disorders	✓	—
	Activity tracker plus Personal Emergency Response System (PERS) device with 24/7 call-for-help, step and heart rate tracking and built-in GPS	✓	—
	Blood pressure monitor for members with a hypertension diagnosis who use the activity tracker plus PERS device	✓	—
	Up to \$400 per year for community education classes (\$100 a quarter) added to your Healthy Benefits+ card	✓	✓
Health and wellness kits	Connect to Wellness Kit — options include Fitness, Sleep Aid, Stress Relief, Smart Home Device,* ADHD and Autism Support, Dental or Weighted Blanket*	✓	✓
	Adult Dental Kit — electric toothbrush and charger, replacement brush heads, toothpaste and dental floss. One kit every three years.	✓	—
	Adult Dental Refill Kit — replacement brush heads, toothpaste and dental floss. One kit per year (when you did not get the Adult Dental Kit).	✓	—

*Smart Home Device and Weighted Blanket are only available for UCare Connect + Medicare

UCare Connect + Medicare

612-676-3554 or 1-800-707-1711
 TTY 612-676-6810 or 1-800-688-2534
 8 am – 5 pm, Monday – Friday

snpsales@ucare.org | ucare.org/connectplus

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UCare Connect + Medicare (HMO D-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.

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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 ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ်လီၤတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປຣໂຟຣມາຍເລກຂ້າງເທິງນີ້.

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

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

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) 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

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help 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

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 also contact any of the following 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
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights

U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240

Chicago, IL 60601

Customer Response Center: 800-368-1019, TTY: 800-537-7697

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if 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
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
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
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

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. 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 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