

# UCare's MSHO offers more benefits

## UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) and Minnesota Senior Care Plus (MSC+)

Additional benefits to improve your health		UCare's MSHO	MSC+
Key perks	<b>\$0 premiums, deductibles and Medicaid (Medical Assistance) cost-sharing*</b>	✓	✓
	<b>One member identification (ID) card</b> for Medicaid, Medicare and prescription drugs	✓	—
	<b>\$0 Part D prescription drugs</b>	✓	—
Help paying for everyday expenses/ more money in your pocket	<b>Up to \$900 per year for healthy groceries</b> (\$75 per month) on your UCare Healthy Benefits+ Visa® card	✓	—
	<b>Up to \$660 per year for utility bills and rent</b> (\$55 per month) loaded to your Healthy Benefits+ card	✓	—
	<b>Up to \$280 per year for over-the-counter (OTC) health items</b> (\$70 every quarter) loaded to your Healthy Benefits+ card	✓	—
	<b>Rewards</b> loaded to your Healthy Benefits+ card for taking care of your health	✓	✓
	<b>\$0 rides</b> to medical appointments, grocery stores, gyms, health education classes, Alcoholics Anonymous and Narcotics Anonymous meetings (limits apply)	✓	—
	<b>\$0 gym membership</b> with access to gym locations nationwide, online classes, at-home fitness kits, brain training, no-cost social events, activities and more	✓	—
	<b>Up to \$750 per year for safety equipment</b> to keep you safe in the bathroom, bedroom and on the stairs	✓	—
More dental coverage	<b>Two \$0 dental crowns per year, plus one crown repair</b>	✓	—
	<b>Adult Dental Kit</b> — electronic toothbrush and charger, replacement brush heads, toothpaste and dental floss. One kit every three years.	✓	—
	<b>Adult Dental Refill Kit</b> — replacement brush heads, toothpaste and dental floss. One kit per year on the years you don't get the Adult Dental Kit.	✓	—
Additional coverage	<b>\$0 glasses upgrades</b> like progressive lenses, non-glare coating and photochromic tinting	✓	—
	<b>\$0 monthly routine foot care</b>	✓	—
	<b>Stress and Anxiety Kit</b> — get help with anxiety and managing stress by choosing from our Sleep Aid Kit, Stress Relief Kit or Smart Home Device Kit. One per year for qualifying members.	✓	—

\*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.

Some benefits mentioned are part of a special supplemental program for eligible members. Call to find out if you qualify.

Continued on the back



Additional benefits to improve your health		UCare's MSHO	MSC+
Health and home support	<b>\$0 activity tracker plus Personal Emergency Response System (PERS) device</b> with 24/7 calls-for-help, step and heart rate tracker and built-in GPS	✓	—
	<b>\$0 blood pressure monitor</b> for members with hypertension diagnosis, who use the activity tracker plus PERS device	✓	—
	<b>\$0 health education classes</b> focused on falls, chronic pain, arthritis, active living, diabetes and balance	✓	—
	<b>Up to \$400 per year for community education classes</b> (\$100 a quarter) added to your Healthy Benefits+ card	✓	—
	<b>Memory Support Kit</b> to help members living with memory loss	✓	—
	<b>Strong and Stable Kit</b> to help you stay strong and prevent falls	✓	✓
	<b>12 \$0 visits with a caregiver advisor</b> per year through Caregiver Assurance. Get help with care coordination, service referrals, stress reduction tips and more.	✓	—
Help after hospital stay	<b>\$0 meals</b> — two meals a day for four weeks after an inpatient stay at a hospital or skilled nursing facility	✓	—
	<b>Four \$0 sessions with a community health worker</b> upon discharge from an inpatient stay to help you stay home and out of the hospital	✓	—
	<b>\$0 medication review with a pharmacist</b> — review all your medications to ensure they are safe, effective and affordable, and get medication questions answered by a pharmacist	✓	✓

## UCare's Minnesota Senior Health Options (MSHO)

1-800-707-1711 | TTY 1-800-688-2534 | 8 am – 5 pm, Monday – Friday

snpsales@ucare.org | [ucare.org/msho](https://ucare.org/msho)

## Minnesota Senior Care Plus (MSC+)

Contact your local Minnesota Department of Human Services office for more information and to apply for MSC+. You also can call the Senior LinkAge Line at:

1-800-333-2433 | TTY 1-800-627-3529

UCare's MSHO is a Medicare Advantage Special Needs Plan that combines Medicare and Medical Assistance (Medicaid) benefits for Minnesotans age 65 and older who live in UCare's MSHO service area.

UCare's MSC+ is for Minnesotans age 65 and older who have Medical Assistance (Medicaid) and live in the UCare MSC+ service area.

UCare's Minnesota Senior Health Options (MSHO) (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's MSHO depends on contract renewal.

**Toll free 1-800-203-7225, TTY 1-800-688-2534**

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, ကိးဘဉ် လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣຄຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປທິໝາຍເລກຂ້າງເທິງນີ້.

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](mailto: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](mailto: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](mailto: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