

# UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) offered by UCare Minnesota

## *Annual Notice of Changes for 2025*

### Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules, please review the *Member Handbook*, which is located on our website at [ucare.org/formembers](http://ucare.org/formembers). Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

### Additional resources

- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call Customer Service at the numbers at the bottom of the page. This call is free.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Customer Service at the numbers at the bottom of the page.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. Someone that speaks your language can help you. This is a free service.

OMB Approval 0938-1444 (Expires: June 30, 2026)  
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**If you have questions**, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

**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 សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

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

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်.ကိးဘဉ် လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປໂຫີໝາຍເລກຂ້າງເທິງນີ້.

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: Toll-free: 800-368-1019  
 TDD Toll-free: 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

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to go to your primary care provider prior to the referral.

## Multi-Language Insert Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **612-676-3200/1-800-203-7225**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **612-676-3200/1-800-203-7225**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **612-676-3200/1-800-203-7225**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **612-676-3200/1-800-203-7225**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **612-676-3200/1-800-203-7225**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **612-676-3200/1-800-203-7225**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **612-676-3200/1-800-203-7225** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **612-676-3200/1-800-203-7225**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **612-676-3200/1-800-203-7225** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **612-676-3200/1-800-203-7225**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **612-676-3200/1-800-203-7225**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **612-676-3200/1-800-203-7225** र फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **612-676-3200/1-800-203-7225**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **612-676-3200/1-800-203-7225**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **612-676-3200/1-800-203-7225**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **612-676-3200/1-800-203-7225**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**612-676-3200/1-800-203-7225** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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**If you have questions**, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).



## A. Disclaimers

- 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.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information call Customer Service or read the *Member Handbook*.

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## B. Reviewing your Medicare and Medical Assistance coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your Medicare membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medical Assistance programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**,
- Medical Assistance and options and services in **Section F2**.

### B1. Information about UCare's MSHO

- UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) is a health plan that contracts with both Medicare and Medical Assistance to provide benefits of both programs to members.
- Coverage under UCare's MSHO is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.



**If you have questions**, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

- When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means UCare's MSHO.

## B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit and cost changes to make sure they will work for you next year.
  - Refer to **Section D1** for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

<b>If you decide to stay with UCare's MSHO:</b>	<b>If you decide to change plans:</b>
If you want to stay with us next year, it's easy — you don't need to do anything. If you don't make a change, you	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to <b>Section F2</b> for



**If you have questions**, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

If you decide to stay with UCare's MSHO:	If you decide to change plans:
automatically stay enrolled in UCare's MSHO.	more information). If you enroll in a new plan or change to Original Medicare, your new coverage will begin on the first day of the following month.

## C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

Please review the *2025 Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [ucare.org/searchnetwork](http://ucare.org/searchnetwork). You may also call Customer Service at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.



**If you have questions**, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](http://ucare.org).

## D. Changes to benefits and costs for next year

### D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2024 (this year)	2025 (next year)
<b>Dental Services</b>	The plan covers two porcelain or porcelain fused to high noble metal crowns per calendar year.	The plan <b>does not</b> cover porcelain crowns. The plan covers two porcelain fused to high noble metal crowns per calendar year.
<b>Health and wellness education programs</b>	The plan covers one tablet per year for members with depression.	The plan covers one tablet per year for members with depression or anxiety.
<b>Health and wellness education programs</b>	The plan covers a healthy food allowance up to \$60 per month for members with diabetes, congestive heart failure, hypertension and ischemic heart disease.	The plan covers a healthy food allowance up to \$75 per month for all members.
<b>Health and wellness education programs</b>	You get a \$60 quarterly OTC allowance.	You get a \$70 quarterly OTC allowance.
<b>Health and wellness education programs</b>	Members with congestive heart failure, ischemic heart failure, diabetes or hypertension receive a \$50 monthly utility allowance.	All members receive a \$55 monthly utility allowance.
<b>This section is continued on the next page</b>		



**If you have questions**, please call UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) at 612-676-6868 or 1-866-280-7202 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am – 8 pm, seven days a week. The call is free. **For more information**, visit [ucare.org](https://ucare.org).

UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) ANNUAL NOTICE OF CHANGES for 2025

	2024 (this year)	2025 (next year)
<b>Help with certain chronic conditions</b>	The plan <b>does not</b> cover a replacement Personal Emergency Response System.	The plan covers one replacement Personal Emergency Response System per year when necessary due to loss or damage.
<b>Transportation</b>	The plan covers up to one ride per week to participating Healthy Food Allowance grocery store sites for members with Congestive Heart Failure, diabetes, hypertension, ischemic heart disease.	The plan covers up to one ride per week to participating Healthy Food Allowance grocery store sites for all members.
<b>Vision Care</b>	The plan <b>does not</b> cover a replacement pair of each supplemental lens upgrade.	The plan covers one replacement pair of each supplemental lens upgrade per year when necessary due to loss or damage.

## D2. Changes to prescription drug coverage

### Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at [ucare.org/dsnp-druglist](https://ucare.org/dsnp-druglist). You may also call Customer Service at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*. The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover, and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes as allowed by Medicare and/or the state that will affect you during the plan



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## UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) ANNUAL NOTICE OF CHANGES for 2025

year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Customer Service at the numbers at the bottom of the page or contact your Care Coordinator to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary supply** of the drug during the first 90 days of the calendar year.
  - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
  - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

If you fill your prescription within the first 90 days of the calendar year and discover it is no longer on the *Drug List*, in most cases you can obtain a transition fill. After the transition fill, you will receive a letter about your options including speaking with your physician about changing drugs or how to request an exception.

Utilization management exceptions are assigned for a given timeframe at the time of authorization. You should contact Customer Service to learn what you or your provider would need to do to get coverage for the drug once the exception has expired.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List* but immediately add new rules.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are



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taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please refer to **Chapter 12** of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: [www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](http://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Customer Service at the number at the bottom of the page or ask your health care provider, prescriber or pharmacist for more information.

### Changes to prescription drug costs

The following table shows your costs for drugs in each of our drug tiers.

	2024 (this year)	2025 (next year)
<b>Drugs in Tier 1 – generic (covered generic drugs)</b>  Cost for a one-month supply of a drug in Tier 1 – generic that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is \$0/\$1.55/\$4.50 <b>per prescription.</b>	You pay nothing for your covered generic Part D drugs.
<b>Drugs in Tier 1 – brand name (covered brand name drugs)</b>  Cost for a one-month supply of a drug in Tier 1 – brand name that is filled at network pharmacy	Your copay for a one-month (30-day) supply is \$0/\$4.60/\$11.20 <b>per prescription.</b>	You pay nothing for your covered brand name Part D drugs.



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## E. Administrative changes

Description	2024 (this year)	2025 (next year)
Dental Benefits Administrator	Delta Dental administers dental services on behalf of UCare.	DentaQuest administers dental services on behalf of UCare.
Long-term supply of a drug (also called an extended day supply)	Extended day supply network pharmacies can fill up to a 90-day supply of prescription drugs. Specialty drugs are limited to a 30-day supply.	Extended day supply network pharmacies can fill up to a 100-day supply of prescription drugs. Specialty drugs are limited to a 30-day supply.



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## F. Choosing a plan

### F1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2025.

### F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medical Assistance you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medical Assistance or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

### Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other



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situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our plan.

<p><b>1. You can change to:</b></p> <p><b>Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP)</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY MN Relay 711 users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line®. These calls are free. You can also visit <a href="https://mn.gov/senior-linkage-line/">https://mn.gov/senior-linkage-line/</a></li></ul> <p><b>OR</b></p> <ul style="list-style-type: none"><li>• Enroll in a new integrated D-SNP.</li></ul> <p>You will automatically be disenrolled from our plan when your new plan's coverage begins.</p> <p>If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical</p>
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UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) ANNUAL NOTICE OF CHANGES for 2025

	<p>spenddown and you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance services.</p>
<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY MN Relay 711 users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line®. These calls are free. You can also visit <a href="https://mn.gov/senior-linkage-line/">https://mn.gov/senior-linkage-line/</a></li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Enroll in a new Medicare prescription drug plan.</li> </ul> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is</p>

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	<p>available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance services.</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). You can also visit <a href="https://mn.gov/senior-linkage-line/">https://mn.gov/senior-linkage-line/</a></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY MN Relay 711 users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line®. These calls are free. You can also visit <a href="https://mn.gov/senior-linkage-line/">https://mn.gov/senior-linkage-line/</a></li> </ul> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is</p>

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	<p>available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance services.</p>
<p><b>4. You can change to:</b>  <b>Any Medicare health plan</b> during certain times of the year including the <b>Annual Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in Section A</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY MN Relay 711 users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line®. These calls are free. You can also visit <a href="https://mn.gov/senior-linkage-line/">https://mn.gov/senior-linkage-line/</a></li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You are automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our</p>

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	<p>plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance services.</p>
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## G. Getting help

### G1. Our plan

We're here to help if you have any questions. Call Customer Service at the numbers at the bottom of the page during the days and hours of operation listed. These call are toll-free.

#### **Read your *Member Handbook***

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2025 will be available by October 15. You can also review the *Member Handbook* to find out if other benefit or cost changes affect you. An up-to-date copy of the *Member Handbook* is available on our website at [ucare.org/formembers](http://ucare.org/formembers). You may also call Customer Service at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2025.

#### **Our website**

You can visit our website at [ucare.org/formembers](http://ucare.org/formembers). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

### G2. Senior LinkAge Line®

You can also call the state health insurance program (SHIP). In Minnesota, the SHIP is called the Senior LinkAge Line®. The Senior LinkAge Line® can help you understand your plan choices and answer questions about switching plans. The Senior LinkAge Line® is not



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connected with us or with any insurance company or health plan. The Senior LinkAge Line<sup>®</sup> has trained counselors statewide and services are free. The Senior LinkAge Line<sup>®</sup> phone number is 1-800-333-2433 (TTY MN Relay 711 users call 711 or use your preferred relay service). For more information or to find a local Senior LinkAge Line<sup>®</sup> office in your area, please visit <https://mn.gov/senior-linkage-line/>.

### G3. Getting help from the Ombudsperson for Public Managed Health Care Programs

The Ombudsperson Program can help you if you have a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is 1-651-431-2660 (Twin Cities metro area); 1-800-657-3729 (outside the Twin Cities metro area). TTY users call 711 or use your preferred relay service.

### G4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### Medicare's Website

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

#### Medicare & You 2025

You can read the *Medicare & You 2025* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.



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If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **G5. Medical Assistance**

For information about choice counseling services, call the Minnesota Department of Human Services Health Care Consumer Support (HCCS) line at 1-651-297-3862 or 1-800-657-3672.



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500 Stinson Blvd. NE

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**TTY: 612-676-6810 or 1-800-688-2534 (this call is free)**

8 am – 8 pm, seven days a week

**ucare.org**

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