

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

## *Annual Notice of Change for 2026*

### Introduction

You're 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 Change* 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](https://ucare.org/formembers). Call Customer Service at the number at the bottom of the page to get a copy by mail. 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 Change* 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)  
H2456\_1828\_082025\_M



**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).

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

ပတ်သည့်ပတ်သားဘဉ်တကွန်. ဖဲနမ့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တကွန်.

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

ໂປຣຄຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, 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: 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.

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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](https://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's 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'll still be in the Medicare and Medical Assistance programs as long as you're 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.
- When this *Annual Notice of Change* 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?



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- Review benefit and cost changes to make sure they'll 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 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 much will you spend out-of-pocket for the services and drugs you use regularly?
  - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

If you decide to stay with UCare's MSHO:	If you decide to change plans:
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 automatically stay enrolled in UCare's MSHO.	If you decide other coverage will better meet your needs, you may be able to switch plans (refer to <b>Section F2</b> for 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.



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## C. Changes to our network providers and pharmacies

Amounts you pay for your drugs depend on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered only if they're filled at one of our network pharmacies

Our provider and pharmacy networks have changed for 2026.

**Please review the 2026 *Provider and Pharmacy Directory*** to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at **[ucare.org/searchnetwork](https://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* or call Customer Service at the number at the bottom of the page for help.



**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)**.

## 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.

	2025 (this year)	2026 (next year)
<b>Acupuncture</b>	The plan offers a supplemental acupuncture benefit, including up to 12 additional visits per year for acute low back pain.	The plan <b>doesn't</b> offer a supplemental acupuncture benefit.
<b>Dental services</b>	The plan covers one additional gross removal of plaque and calculus per year.	The plan <b>doesn't</b> cover additional gross removal of plaque and calculus.
<b>Dental services</b>	The plan covers two porcelain fused to high noble metal crowns per calendar year.	The plan covers one porcelain fused to high noble metal crown per calendar year.
<b>Dental services</b>	The plan covers one electric toothbrush every three years.	The plan <b>doesn't</b> cover electric toothbrushes.
<b>Dental services</b>	The plan covers one package of two electric toothbrush replacement heads per calendar year.	The plan <b>doesn't</b> cover electric toothbrush replacement heads.
<b>This section is continued on the next page</b>		



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	2025 (this year)	2026 (next year)
<b>Health and wellness education programs</b>	The plan covers an activity tracker plus Personal Emergency Response System (PERS) device.	The plan <b>doesn't</b> cover activity tracker plus Personal Emergency Response System (PERS) devices.
<b>Health and wellness education programs</b>	The plan covers health and wellness classes through Juniper®.	The plan <b>doesn't</b> cover health and wellness classes through Juniper®.
<b>Health and wellness education programs</b>	The plan covers a \$70 quarterly Over-the-Counter (OTC) allowance.	The plan covers a \$140 quarterly Over-the-Counter (OTC) allowance.
<b>Help with certain chronic conditions</b>	The plan covers a Personal Emergency Response System (PERS) for members with a history or risk of falls but who do not meet nursing home level of care. The plan also covers one replacement Personal Emergency Response System per year when necessary due to loss or damage.	The plan <b>doesn't</b> cover a Personal Emergency Response System (PERS) or the replacement of a Personal Emergency Response System.
<b>Help with certain chronic conditions</b>	The plan covers a blood pressure monitor for members with hypertension who already use the activity tracker plus Personal Emergency Response System (PERS) device.	The plan covers a blood pressure monitor for members with hypertension who already use the Grandpad tablet.
<b>This section is continued on the next page</b>		



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	2025 (this year)	2026 (next year)
<b>Help with certain chronic conditions</b>	The plan covers a Grandpad electronic tablet for members diagnosed with depression or anxiety.	The plan covers a Grandpad electronic tablet for members diagnosed with hypertension, diabetes, congestive heart failure, ischemic heart disease, depression, lipid disorder, or anxiety.
<b>Help with certain chronic conditions</b>	The plan covers a \$55 monthly Utility Allowance.	The plan covers a \$125 quarterly Utility Allowance for members diagnosed with hypertension, diabetes, congestive heart failure, ischemic heart disease, depression, lipid disorder, or anxiety.
<b>Help with certain chronic conditions</b>	The plan covers a \$75 monthly Healthy Food Allowance.	The plan covers a \$170 quarterly Healthy Food Allowance for members diagnosed with hypertension, diabetes, congestive heart failure, ischemic heart disease, depression, lipid disorder, or anxiety.
<b>Help with certain chronic conditions</b>	The plan covers up to \$750 annually for bath and home safety items for members with history of risk of falls who are assessed as not meeting nursing home level of care.	The plan <b>doesn't</b> cover bath and home safety items.
<b>This section is continued on the next page</b>		



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	2025 (this year)	2026 (next year)
<b>Podiatry</b>	The plan covers one supplemental routine foot care visit per month not related to a specific diagnosis already covered by Medicare.	The plan <b>doesn't</b> cover supplemental routine foot care visits.
<b>Therapeutic Massage</b>	The plan covers up to six therapeutic massage visits per year for members with back pain, neck and shoulder pain, headache, carpal tunnel syndrome, osteoarthritis, or fibromyalgia.	The plan <b>doesn't</b> cover therapeutic massage.
<b>Transportation</b>	The plan covers one round-trip ride per day to Alcoholics Anonymous and/or Narcotics Anonymous meetings for members assessed as having substance use disorder, when approved through a care coordinator; up to three round-trip rides per week to participating fitness centers and covered evidence-based health education classes; and up to one ride per week to participating Healthy Food Allowance grocery store sites, when approved through a care coordinator.	The plan covers two rides per week to plan-approved locations for members with hypertension, diabetes, congestive heart failure, ischemic heart disease, depression, lipid disorder, or anxiety.
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	2025 (this year)	2026 (next year)
<b>Vision Care</b>	The plan covers one replacement pair of each supplemental lens upgrade per year when necessary due to loss or damage.	The plan <b>doesn't</b> cover replacement pairs of supplemental lens upgrades.

## D2. Changes to 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 calendar 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're taking, we'll send you a notice about the change.

If you're 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.



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- 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.

### Changes to drug costs

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.  You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2026.  You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches \$2,100. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for prescription drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.



**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://www.ucare.org).

### D3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

For information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions go to **Chapter 6, Section D** of your *Member Handbook*.

	2025 (this year)	2026 (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 Drugs that's filled at a network pharmacy	You pay nothing for your covered generic Part D drugs.	Your copay for a one-month (30-day) supply is \$0/\$1.60/\$5.10.  Your copay for a one-month (30-day) supply of each covered insulin product is \$0/\$1.60/\$5.10.  Your copay for a one-month (30-day) mail-order prescription is \$0/\$1.60/\$5.10



**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 CHANGE for 2026

	2025 (this year)	2026 (next year)
<b>Drugs in Tier 1 — Brand (Covered brand drugs)</b>  Cost for a one-month supply of a drug in Tier 1 — Brand Drugs that's filled at network pharmacy	You pay nothing for your covered brand name Part D drugs.	Your copay for a one-month (30-day) supply is \$0/\$4.90/\$12.65.  Your copay for a one-month (30-day) supply of each covered insulin product is \$0/\$4.90/\$12.65.  Your copay for a one-month (30-day) mail-order prescription is \$0/\$4.90/\$12.65.

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$2,100. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

#### D4. Stage 2: "Catastrophic Coverage Stage"

When you reach the out-of-pocket limit **\$2,100** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year. For more information about your costs in the Catastrophic Coverage Stage, refer to **Chapter 6**.



**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://www.ucare.org).

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## E. Administrative changes

Description	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	Not applicable.	The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. To learn more about this program, please contact us at the number at the bottom of the page or visit <a href="https://www.medicare.gov">Medicare.gov</a> .



**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://www.ucare.org).

## F. Choosing a plan

### F1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2026.

### 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 **Open Enrollment Period** 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** 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're 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 **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations



**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).

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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 Medical Assistance 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). 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/">mn.gov/senior-linkage-line/</a></li></ul> <p><b>OR</b></p> <p>Enroll in a new integrated D-SNP.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins.</p>
<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). 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</li></ul>



**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).



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	<p>also visit  <a href="https://mn.gov/senior-linkage-line/">mn.gov/senior-linkage-line/</a></p> <p><b>OR</b></p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>If you choose to leave our plan, you'll 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 doesn't have an MSC+ plan in your county, you'll be enrolled in the MSC+ plan that's 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 won't 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 drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and don't enroll in a separate Medicare 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 drug coverage if you have drug coverage from another source, such as an employer or union. If</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). 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</li> </ul>



**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 CHANGE for 2026

<p>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/">mn.gov/senior-linkage-line/</a></p>	<p>Line®. These calls are free. You can also visit <a href="https://mn.gov/senior-linkage-line/">mn.gov/senior-linkage-line/</a></p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>If you choose to leave our plan, you'll 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 doesn't have an MSC+ plan in your county, you'll be enrolled in the MSC+ plan that's 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 won't be enrolled in another health plan for Medical Assistance services.</p>
<p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Open 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). 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</li> </ul>



**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 CHANGE for 2026

	<p>also visit <a href="https://mn.gov/senior-linkage-line/">mn.gov/senior-linkage-line/</a></p> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>If you choose to leave our plan, you'll 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 doesn't have an MSC+ plan in your county, you'll be enrolled in the MSC+ plan that's 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 won't be enrolled in another health plan for Medical Assistance services.</p>
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**Your Medical Assistance services**

For questions about how to get your Medical Assistance services after you leave our plan, contact the Minnesota Department of Human Services Health Care Consumer Support (HCCS) line at 1-651-297-3862 or 1-800-657-3672; Monday – Friday from 8:00 – 4:30. TTY users may call 711. This call is free. Ask how joining another plan or returning to Original Medicare affects how you get your Medical Assistance coverage.



**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).

## 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 calls 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 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2026 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](https://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 2026.

#### **Our website**

You can visit our website at [ucare.org/formembers](https://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® isn't connected with us or with any insurance company or health plan. The Senior LinkAge Line® has trained counselors statewide and services are free. The Senior LinkAge Line® phone number is 1-800-333-2433 (TTY MN Relay 711 or use your preferred relay service). For more information or to find a local Senior LinkAge Line® office in your area, please visit [mn.gov/senior-linkage-line/](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.



**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 CHANGE for 2026

- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't 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.
- chat live at [www.medicare.gov/talk-to-someone](http://www.medicare.gov/talk-to-someone)
- write to Medicare at PO Box 1270, Lawrence, KS 66044

### 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 2026

You can read the *Medicare & You 2026* 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.

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). 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.



**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).

## G6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January–December) as monthly payments. This program doesn't save you money or lower your total drug costs.

“Extra Help” from Medicare and help from your state’s pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [www.medicare.gov](http://www.medicare.gov).



**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).







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**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

**[ucare.org](https://ucare.org)**

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