

# 2025 Summary of Benefits

UCare's Minnesota Senior Health Options (MSHO)

HMO D-SNP



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

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

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩ*መንት የሚተረጉ*ምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

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

သတိ။ ဤစာရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

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.

ပာ်သူဉ်ပာ်သးဘဉ်တက္နာ်. ဖဲနမ့်၊လိဉ်ဘဉ်တာ်မၤစၢၤကလီလၢတာ်ကကျိုးထံဝဲဒဉ်လံ၁် တီလံ၁်မီတခါအံၤန့ဉ်,ကိုးဘဉ် လီတဲစိန္နိါဂ်ာလာထးအံၤန့ဉ်တက္နာ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

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

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

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

#### **Civil Rights Notice**

**Discrimination is against the law. UCare** does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status

- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status

- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

**UCare** 

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052 Toll Free: 1-800-203-7225 TTY: 1-800-688-2534

Fax: 612-884-2021 Email: cag@ucare.org

**Auxiliary Aids and Services: UCare** provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

**Language Assistance Services: UCare** provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

#### **Civil Rights Complaints**

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

#### U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

race

age

religion (in some cases)

color

disability

national origin

sex

#### 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

#### 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

creed

• public assistance

color

sex

status

national origin

sexual orientation

disability

religion

marital status

#### Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights 540 Fairview Avenue North, Suite 201 St. Paul, MN 55104 651-539-1100 (voice) 800-657-3704 (toll-free) 711 or 800-627-3529 (MN Relay)

651-296-9042 (fax)

Info.MDHR@state.mn.us (email)

#### Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-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 quí vị cần thông dịch viên xin gọi **612-676-3200/1-800-203-7225** sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 답해 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.

Form CMS-10802 (Expires 12/31/25)

**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 7225-203-800-3200/1-676-612. 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ございます。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。

#### Introduction

This document is a brief summary of the benefits and services covered by UCare's MSHO. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of UCare's MSHO. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

#### **Table of Contents**

A.	Disclaimers	10
В.	Frequently asked questions (FAQ)	11
C.	List of covered services	16
D.	Benefits covered outside of UCare's MSHO	41
E.	Services that UCare's MSHO, Medicare, and Medical Assistance do not cover	42
F.	Your rights as a member of the plan	43
G.	How to file a complaint or appeal a denied service	44
Н.	What to do if you suspect fraud	45

#### A. Disclaimers



This is a summary of health services covered by UCare's MSHO for 2025. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can view the *Member Handbook* on our website at **ucare.org/formembers**. If you would like a print copy, call UCare's MSHO Customer Service at the number at the bottom of this page.

- 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.
- 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.
- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (<u>www.medicare.gov</u>) 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.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Service at the number at the bottom of this page. The 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 number at the bottom of this page.

# B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Minnesota Senior Health Options (MSHO) plan?	Our plan is part of the Minnesota Senior Health Options (MSHO) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for seniors age 65 and over. Our plan combines your Medicare and Medical Assistance services. It combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.  Our MSHO program is called UCare's MSHO.
Will I get the same Medicare and Medical Assistance benefits in UCare's MSHO that I get now?	You will get most of your covered Medicare and Medical Assistance benefits directly from UCare's MSHO. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from another source, such as the State, county, Federal government, or Tribal nation.
	When you enroll in UCare's MSHO, you and your care team will work together to develop an Individualized Support Plan to address your health and support needs, reflecting your personal preferences and goals.
	If you are taking any Medicare Part D prescription drugs that UCare's MSHO does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for UCare's MSHO to
(table continued on the next page)	

Frequently Asked Questions	Answers
(table continued from previous page)	
	cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page.
Can I go to the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies and other health care providers) work with UCare's MSHO and have a contract with us, you can keep going to them.  • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in UCare's MSHO's network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.  • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of UCare's MSHO's network. You may also use out-of-network providers for open access services and in cases when UCare's MSHO authorizes the use of out-of-network providers.  • If you are currently under treatment with a provider that is out of UCare's MSHO's network, or have an established relationship with a provider that is out of UCare's MSHO's network, call Customer Service to check about staying connected.  To find out if your providers are in the plan's network, call Customer Service at the numbers listed at the bottom of this page or read UCare's MSHO's Provider and
(table continued on the next page)	

Frequently Asked Questions	Answers			
(table continued from previous page)				
	Pharmacy Directory on the plan's website at ucare.org/searchnetwork.			
	If UCare's MSHO is new for you, we will work with you to develop an Individualized Support Plan to address your needs.			
What is a UCare's MSHO care coordinator?	A UCare's MSHO care coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need, including the following:			
	Assisting you in arranging for, getting and coordinating assessments, tests, and health and long-term care supports and services			
	Working with you to develop and update your support plan			
	Supporting you and communicating with a variety of agencies and persons			
	<ul> <li>Coordinating other services as outlined in your support plan</li> </ul>			
	Helping you coordinate Durable Medical     Equipment needs with your providers and     equipment suppliers			
	Transportation arrangements			
	Scheduling appointments			
	<ul> <li>Discharge planning if hospitalized or requiring a higher level of care</li> </ul>			
	Referrals to UCare's Disease Management programs			
	Referrals to community resources			
(table continued on the next page)				

Frequently Asked Questions	Answers			
(table continued from previous page)				
	<ul> <li>Assistance with medication refills</li> <li>Arranging services in your home</li> </ul>			
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.			
What happens if I need a service but no one in UCare's MSHO's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, UCare's MSHO will pay for the cost of an out-of-network provider. A prior authorization may be required before getting services from out-of-network providers.			
Where is UCare's MSHO available?	The service area for this plan includes: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Jackson, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Winona, Wright, and Yellow Medicine. You must live in one of these counties to join the plan.			
(table continued on the next page)				

Frequently Asked Questions	Answers			
(table continued from previous page)				
What is prior authorization?	Prior authorization means an approval from UCare's MSHO to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. UCare's MSHO may not cover the service, procedure, item, or drug if you don't get prior authorization.			
	If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. UCare's MSHO can provide you or your provider with a list of services or procedures that require you to get prior authorization from UCare's MSHO before the service is provided.			
	Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.			
	If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service at the numbers listed at the bottom of this page for help.			
Do I pay a monthly amount (also called a premium) under UCare's MSHO?	No. Because you have Medical Assistance, you will not pay any monthly premiums for your health coverage. However, 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.			
Do I pay a deductible as a member of UCare's MSHO?	No. You do not pay deductibles in UCare's MSHO.			
What is the maximum out-of-pocket amount that I will pay for medical services as a member of UCare's MSHO?	There is no cost sharing for <b>medical services</b> in UCare's MSHO, so your annual out-of-pocket costs will be \$0.			

#### C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	\$0	
	Ambulatory surgical center (ASC) services	\$0	
	Doctor or surgeon care	\$0	
You want a doctor	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	
	"Welcome to Medicare" (preventive visit - one time only)	\$0	
	Specialist care	\$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories. Contact the plan for details.
	Urgent care	\$0	Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services are NOT covered outside the U.S. and its territories. Contact the plan for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	
	Lab tests and diagnostic procedures, such as blood work	\$0	
You need	Hearing screenings	\$0	
hearing/auditory services	Hearing aids	\$0	
You need dental care (continued on the next page)	Dental check-ups and preventive care	\$0	UCare Dental Connection 1-855-209-3155 (this call is free), TTY: 1-800-466-7566 8 am – 5 pm, Monday – Friday You can also call Customer Service at the number at the bottom of this page.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need dental care (continued)			Mobile Dental Clinic Appointments 1-866-451-1555 (this call is free) TTY: 1-800-627-3529 (this call is free) 8 am – 4:30 pm, Monday – Friday www.ucare.org/mdc  Dental Care for U  Two porcelain fused to high noble metal crowns per calendar year One crown repair per year One electric toothbrush every three years One package of two electric toothbrush replacement heads per calendar year
	Restorative and emergency dental care	\$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need eye care	Eye exams	\$0	
	Glasses or contact lenses	\$0	Selection may be limited.
			<ul> <li>One pair of eyeglasses or contact lenses after each cataract surgery, or contact lenses for certain conditions when eyeglasses will not work</li> <li>Anti-glare lens coating, once per year</li> <li>Photochromic ("transition") lens tinting, once per year</li> <li>Progressive (no-line) lenses, once per year</li> <li>One replacement pair of each supplemental lens upgrade per year when necessary due to loss or damage</li> </ul>
	Other vision care	\$0	
You need mental health services	Mental health services	\$0	State eligibility requirements may apply.
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	State eligibility requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	\$0	
You need a place to live with people available	Customized Living (services provided in an assisted living setting)	\$0	State eligibility requirements may apply.
to help you	Skilled nursing care	\$0	Medically necessary skilled nursing care is covered.  Prior authorization may be required.
	Nursing home care	\$0	Prior authorization may be required.
	Adult Foster Care and Group Adult Foster Care	\$0	State eligibility requirements may apply.
You need therapy after a stroke or accident	Occupational, physical or speech therapy	\$0	There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help getting to health services (continued on the next page)	Ambulance services	\$0	Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network.
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	UCare's MSHO is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home.
			UCare's MSHO is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home.
			Call Customer Service if you do not have a primary care clinic that is available within 30 miles of your home and/or if it is over 60 miles to your specialty provider.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help getting to health services (continued)	Transportation to other health services	\$0	<ul> <li>Up to three round-trip rides per week to a participating health club, covered evidence-based health education class</li> <li>Transportation to Alcoholics Anonymous and/or Narcotics Anonymous meetings for members assessed as having a substance use disorder. Up to one round trip ride per day (requires authorization)</li> </ul>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.  Some Medicare Part B drugs may need prior authorization or have step therapy requirements.
	Medicare Part D prescription drugs  Tier 1 generic drugs  Tier 1 brand name drugs	Tier 1 generic drugs: \$0 for a 30-day supply.  Tier 1 brand name drugs: \$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to UCare's MSHO's <i>List of Covered Drugs</i> (Drug List) for more information.  UCare's MSHO may require you to first try one drug to treat your condition before it will cover another drug for that condition.  Some drugs have quantity limits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			Your provider must get prior authorization from UCare's MSHO for certain drugs.  You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network.  These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Plan Finder on www.medicare.gov.  An extended-day supply is available at both mail and retail pharmacy locations. The cost-sharing amount for this extended-day supply is the same as for a one month supply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered.
(continued)			Please refer to UCare's MSHO's <i>List of Covered Drugs</i> (Drug List) for more information.
You need help getting better or	Rehabilitation services	\$0	Prior authorization may be required.
have special health needs	Medical equipment for home care	\$0	Prior authorization may be required.
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	Routine foot care (not related to a specific diagnosis already covered by Medicare) limited to one visit per month.
	Orthotic services	\$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need durable medical equipment	Wheelchairs, crutches, and walkers	\$0	Prior authorization may be required.
(DME) Note: This is not a	Nebulizers	\$0	Prior authorization may be required.
complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the Member Handbook.	Oxygen equipment and supplies	\$0	Prior authorization may be required.
You need help living at home (continued on the	Home care	\$0	State eligibility requirements may apply.
next page)	Personal care assistance	\$0	State eligibility requirements may apply. Prior authorization may be required.
	Changes to your home, such as ramps and wheelchair access	\$0	State eligibility requirements may apply. Prior authorization may be required.
	Home services, such as cleaning or housekeeping	\$0	State eligibility requirements may apply.
	Meals brought to your home	\$0	State eligibility requirements may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
You need help living at home	Adult day services or other support services	\$0	State eligibility requirements may apply.
(continued)	Services to help you live on your own	\$0	State eligibility requirements may apply.
Your caregiver needs some time off	Respite care	\$0	State eligibility requirements may apply.
You need interpreter	Spoken language interpreter	\$0	
services	Sign language interpreter	\$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services	24/7 Nurse line	\$0	
(continued on the	Acupuncture	\$0	
next page)	Care coordination	\$0	
	Chiropractic services	\$0	Prior authorization may be required.
	Diabetes supplies and services	\$0	There are limitations on the test strips and meters covered. Please see UCare's MSHO's <i>List of</i> <i>Covered Drugs</i> (Drug List) for more information.
	Family planning	\$0	
	Housing stabilization services	\$0	State eligibility requirements may apply.
	Prosthetic services	\$0	
	Radiation therapy	\$0	
	Services to help manage your disease	\$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services (continued)	Quit Smoking and Vaping Program	\$0	Learn how to stop smoking, vaping or chewing tobacco. UCare members can get help at no charge to quit through the Tobacco and Nicotine Quit Line. Nicotine patches, gum or lozenges are also available to eligible members.  Get help to kick the habit from the comfort of your own home:  Call the Tobacco and Nicotine Quit Line 1-855-260-9713 (this call is free); TTY 711, 24 hours a day, seven days a week  Visit myquitforlife.com/ucare  Download the Rally Coach Quit For Life mobile app.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services (continued)	Healthy Food Allowance	\$0	\$75 monthly allowance loaded to the Healthy Benefits+ Visa® card for purchase of healthy foods and produce at participating stores. The allowance expires at the end of each month or upon plan termination.
	Healthy Food Allowance Rides	\$0	Up to one ride per week to participating Healthy Food Allowance grocery stores.
	Utilities Allowance	\$0	\$55 monthly Utility Allowance loaded to the Healthy Benefits+ Visa® card to pay for your household utility bills or rent. The allowance expires at the end of each month or upon plan termination.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services: Safety/In-Home Assistance	Bath and home safety items	\$0	\$750 annual benefit for bath and home safety items for members who live in the community and do not have access to coverage through Medical Assistance (Medicaid).
	Personal Emergency Response System (PERS)	\$0	PERS for members with a history/risk of falls who do not meet nursing home level of care (requires authorization). The plan also covers one replacement Personal Emergency Response System per year when necessary due to loss or damage.
Additional services: Post-discharge support (continued on the next page)	Post-discharge meals	\$0	Two meals a day for up to four weeks following a discharge from an inpatient hospital stay for members not eligible for meal benefits through Elderly Waiver.
	Post-discharge medication reconciliation	\$0	Medication reconciliation provided by a pharmacist after discharge from an inpatient facility.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services: Post-discharge support (continued)	Lutheran Social Services Healthy Transitions Program	\$0	Individualized support, education and resources from a specially trained and certified Community Health Worker (CHW) who provides a series of 4 touch point visits (2 in-home and 2 telephone) during the first critical 30 days after discharge from a hospital or short-term rehabilitation center. CHW collaborates with your MSHO care coordinator and you to ensure that all needs are being met.  To learn more and check if you are eligible, contact your MSHO care coordinator.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services: Fitness/Health Maintenance (continued on the next page)	One Pass	\$0	<ul> <li>Access to more than 24,000 participating fitness locations nationwide</li> <li>Thousands of on-demand and livestreaming fitness classes</li> <li>Workout builders to create your own workouts and walk you through each exercise</li> <li>Home fitness kits available to members who are physically unable to visit or who reside at least 15 miles outside a participating fitness location</li> <li>Personalized, online brain training program to help improve memory, attention and focus</li> <li>Social activities, community classes, and events available for online or in-person participation</li> </ul>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services: Fitness/Health Maintenance (continued)			Find participating locations near you at ucare.org/onepass or call 1-877-504-6830 (this call is free) or for TTY access, use 711 (this call is free), 8 am – 9 pm, Monday – Friday.
	Strong and Stable Kit	\$0	Kit to increase balance and prevent falls. Contact your care coordinator to order.
	Activity Tracker plus Personal Emergency Response System (PERS) device	\$0	You get an Activity Tracker plus Personal Emergency Response System (PERS) device which has features such as 24/7 emergency call-for-help, step and heart rate tracking and built-in GPS. To learn more, contact your MSHO care coordinator.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services: Fitness/Health Maintenance (continued)	Over-the-counter (OTC) allowance	\$0	\$70 quarterly Over-the-counter (OTC) allowance loaded to the Healthy Benefits+ Visa® card to purchase eligible items like cough drops, first aid supplies, pain relief, sinus medications, toothpaste and more at participating retailers. Dollars you don't use expire at the end of the quarter or upon plan termination.
	Medication Toolkit	\$0	One Medication Toolkit per year to help make taking your medication easier. To order a kit, log in or create an online member account at member.ucare.org. Go to Health & Wellness, then Wellness, Rewards & Allowance. One kit per year per member.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services: Fitness/Health Maintenance (continued)	Community Education Allowance	\$0	Members get a quarterly \$100 allowance to use toward most community education classes nationwide. To find a class, check a local community education catalog or contact a local school district for times and locations. When enrolling in the class, use your Healthy Benefits+ Visa® card at checkout. UCare is not able to reimburse for classes that are paid for without the Healthy Benefits+ Visa® card. The allowance expires at the end of each quarter or upon plan termination.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services: Fitness/Health Maintenance (continued)	Rewards and Incentives	\$0	Earn rewards for completing certain preventative screenings, tests or exams. Go to ucare.org/rewards or log in or create an online member account at member.ucare.org. Go to Health & Wellness, then Wellness, Rewards & Allowance to see what you may be eligible for. Reward dollars expire upon plan termination.
	Grocery Discounts	\$0	Members receive grocery discounts on pre-qualified healthy foods. This includes items such as milk, whole-grain bread, lean meat, eggs, yogurt, fruits, vegetables and more. Weekly discounts are pre-loaded onto your Healthy Benefits+ Visa* card.
Additional services: Caregiver Support	Caregiver support	\$0	Caregiver support is available to caregivers of all members.
Additional services: Chronic Condition Support (continued on the next page)	Additional Acupuncture	\$0	Up to 12 additional visits of acupuncture per year for members with acute low back pain.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services: Chronic Condition Support (continued)	Memory Support Kit	\$0	One Memory Support Kit per year for members with dementia. Contact your care coordinator to order.
	Additional Routine Chiropractic	\$0	Up to 12 additional routine visits per year for members with musculoskeletal disorders, including exams and adjustment of extremities.
	Grandpad	\$0	An electronic tablet for members with a depression or anxiety diagnosis. Grandpad has been specially designed to help members stay connected with caregivers, family and more to reduce the impact of social isolation.  Contact your care
			coordinator to check if you are eligible.
	Blood Pressure Monitor	\$0	One blood pressure cuff for activity tracker users every year with a hypertension diagnosis.

	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services: Chronic Condition Support (continued)	Stress and Anxiety Kit	\$0	Each kit includes engaging tools to help members living with stress or anxiety.  Members may choose one of the following kit options:  Sleep Aid Kit Stress Relief Kit Smart Home device  To order a kit, log in or create an online member account at member.ucare.org. Go to Health & Wellness, then Wellness, Rewards & Allowance to place your order. You can also call Customer Service at the number on the back of your member ID card to order by phone. Or, ask your MSHO care coordinator to order a kit for you.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions and benefit information (rules about benefits)
Additional services: Chronic Condition Support (continued)	Juniper® health and wellness classes	\$0	Classes are led by certified instructors/coaches to provide education, skills, and strategies to prevent falls and promote self-management of chronic conditions, including diabetes and chronic pain. Learn more at yourjuniper.org or by talking with your MSHO care coordinator.
	Therapeutic Massage	\$0	Up to 6 therapeutic massage visits per year for members with back pain, neck and shoulder pain, headache, carpal tunnel syndrome, osteoarthritis, fibromyalgia.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the UCare's MSHO *Member Handbook*. If you don't have a *Member Handbook*, call UCare's MSHO Customer Service at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Customer Service or visit **ucare.org/formembers**.

#### D. Benefits covered outside of UCare's MSHO

There are some services that you can get that are not covered by UCare's MSHO but are covered by Medicare, Medical Assistance, or a State or county agency. This is not a complete list. Call Customer Service at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medical Assistance, or a State agency	Your costs
Specialty mental health and substance use disorder services, waiver programs, home and community supports, and regional center services	\$0
Certain hospice care services covered outside of UCare's MSHO	\$0
Except Elderly Waiver services, other waiver services provided under Home and Community-Based Services waivers	\$0

# E. Services that UCare's MSHO, Medicare, and Medical Assistance do not cover

This is not a complete list. Call Customer Service at the numbers listed at the bottom of this page to find out about other excluded services.

Services UCare's MSHO, Medicare, and Medical Assistance do not cover
Services not considered "reasonable and necessary" according to standards of Medicare and Medical Assistance
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless criteria are met
Lasik surgery

#### F. Your rights as a member of the plan

As a member of UCare's MSHO, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- You have a right to respect, fairness, and dignity. This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- You have the right to get information about your health care. This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care coordinator
- You have the right to make decisions about your care, including refusing treatment. This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. UCare's MSHO will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive

- You have the right to timely access to care that does not have any communication or physical access barriers. This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
  - Have interpreters to help with communication with your health care providers and your health plan
- You have the right to seek emergency and urgent care when you need it. This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- You have a right to confidentiality and privacy. This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- You have the right to make complaints about your covered services or care. This includes the right to:
  - File a complaint or grievance against us or our providers
  - Ask for a State Appeal (Medicaid Fair Hearing with the State)
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call UCare's MSHO Customer Service at the numbers listed at the bottom of this page.

You can also call the Office of the Ombudsperson for Public Managed Health Care Programs at 1-800-657-3729 (TTY: 711 or use your preferred relay service). The call is free.

### G. How to file a complaint or appeal a denied service

If you have a complaint or think UCare's MSHO should cover something we denied, call Customer Service at the numbers listed at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Member Handbook*. You can also call UCare's MSHO Customer Service at the numbers listed at the bottom of the page.

- For oral grievances and complaints, call UCare's MSHO Customer Service: 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.
- For oral appeals, call UCare Appeals and Grievances: 612-676-6841 or 1-877-523-1517 (this call is free), TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am 4:30 pm, Monday Friday.
- For written appeals, grievances and complaints, mail UCare at:

Attn: Appeals and Grievances UCare PO Box 52 Minneapolis, MN 55440-0052

- You can also fax your written appeal, grievance or complaint to UCare at: 612-884-2021 or 1-866-283-8015
- Or email us at: cag@ucare.org

#### H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or other pharmacy is doing something wrong, please contact us.

- Call us at UCare's MSHO Customer Service at the phone numbers listed at the bottom of this page.
- Call the UCare's MSHO Fraud Hot Line at 1-877-826-6847 (this call is free), 24 hours a day, seven days a week. TTY 612-676-6810 or 1-800-688-2534 (this call is free), 8 am 8 pm, seven days a week.
- Or, call the Minnesota Fraud Hotline at 1-800-627-9977. TTY users may call 711. The call is free.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

# If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call UCare's MSHO Customer Service:

612-676-6868 or 1-866-280-7202 (this call is free)

8 am – 8 pm, seven days a week

Customer Service also has free language interpreter services available for non-English speakers.

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

8 am – 8 pm, seven days a week

These numbers require special telephone equipment and are only for people who have difficulties with hearing or speaking.

#### If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call UCare's 24/7 Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the UCare 24/7 Nurse Line are:

1-800-942-7858 (this call is free)

24 hours a day, seven days a week

UCare's MSHO also has free language interpreter services available for non-English speakers.

TTY: 1-855-307-6976 (this call is free) 24 hours a day, seven days a week

# If you need immediate mental health or substance use disorder care, please call the Mental Health and Substance Use Disorder Triage Line:

612-676-6533 or 1-833-276-1185 (this call is free)

8 am – 5 pm, Monday – Friday

UCare's MSHO also has free language interpreter services available for non-English speakers.

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

8 am – 5 pm, Monday – Friday

U1848 (03/2025)