

# UCare Essentials Rx (HMO-POS) offered by UCare Minnesota

## Annual Notice of Changes for 2024

You are currently enrolled as a member of UCare Essentials Rx. Next year, there will be changes to the plan's costs and benefits. *Please refer to page 8 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [ucare.org/formembers](https://ucare.org/formembers). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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### What to do now

#### 1. **ASK:** Which changes apply to you

- Check if the changes to our benefits and costs affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

#### 2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.



### 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in UCare Essentials Rx.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with UCare Essentials Rx.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### Additional Resources

- Please contact our Customer Service number at 612-676-3600 or 1-877-523-1515 (this call is free) for additional information. TTY users should call 612-676-6810 or 1-800-688-2534 (this call is free). Hours are 8 am – 8 pm, seven days a week.
- Upon request, we can give you information in braille, in large print, or other alternate formats if you need it.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About UCare Essentials Rx

- UCare Minnesota is an HMO-POS plan with a Medicare contract. Enrollment in UCare Minnesota depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means UCare Minnesota. When it says “plan” or “our plan,” it means UCare Essentials Rx.

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## **Notice of Nondiscrimination**

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **612-676-3200 (voice)** or toll free at **1-800-203-7225 (voice)**, **612-676-6810 (TTY)**, or **1-800-688-2534 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**.

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

### Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

### Written grievance

#### *Mailing Address*

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: [cag@ucare.org](mailto:cag@ucare.org)

Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክሶሎው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမ္မိကတိ ကညိ ကျိအယိ, နမ္မနိ ကျိအတိမစာလေ တလက်ဘုဂ်လက်စူ နိတမံဘဂ်သုနုဂ်လိ။ ဝိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រសវាជំនួយវេជ្ជករភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

## Multi-Language Insert Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Annual Notice of Changes for 2024

## Table of Contents

<b>Summary of Important Costs for 2024 .....</b>	<b>8</b>
<b>Section 1 Changes to Benefits and Costs for Next Year .....</b>	<b>10</b>
Section 1.1 – Changes to the Monthly Premium.....	10
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount .....	10
Section 1.3 – Changes to the Provider and Pharmacy Networks .....	11
Section 1.4 – Changes to Benefits and Costs for Medical Services.....	12
Section 1.5 – Changes to Part D Prescription Drug Coverage.....	12
<b>Section 2 Administrative Changes .....</b>	<b>15</b>
<b>Section 3 Deciding Which Plan to Choose.....</b>	<b>16</b>
Section 3.1 – If you want to stay in UCare Essentials Rx.....	16
Section 3.2 – If you want to change plans .....	17
<b>Section 4 Deadline for Changing Plans .....</b>	<b>17</b>
<b>Section 5 Programs That Offer Free Counseling about Medicare .....</b>	<b>18</b>
<b>Section 6 Programs That Help Pay for Prescription Drugs.....</b>	<b>18</b>
<b>Section 7 Questions? .....</b>	<b>19</b>
Section 7.1 – Getting Help from UCare Essentials Rx.....	19
Section 7.2 – Getting Help from Medicare .....	20

## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for UCare Essentials Rx in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. Refer to Section 1.1 for details.</p>	\$70	\$56
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.</p> <p>(Refer to Section 1.2 for details.)</p>	<p><b>In-network:</b> \$3,800</p> <p><b>Out-of-network:</b> \$7,500</p>	<p><b>In-network:</b> \$3,800</p> <p><b>Out-of-network:</b> \$7,500</p>
<p><b>Doctor office visits</b></p>	<p><b>In-network:</b> Primary care visits: \$0 copay per visit Specialist visits: \$45 copay per visit</p> <p><b>Out-of-network:</b> Primary care visits: \$0 copay per visit Specialist visits: \$45 copay per visit</p>	<p><b>In-network:</b> Primary care visits: \$0 copay per visit Specialist visits: \$45 copay per visit</p> <p><b>Out-of-network:</b> Primary care visits: \$0 copay per visit Specialist visits: \$45 copay per visit</p>
<p><b>Inpatient hospital stays</b></p>	<p><b>In-network:</b> \$400 copay for each Medicare-covered hospital stay until discharge.</p> <p><b>Out-of-network:</b> 20% coinsurance</p>	<p><b>In-network:</b> \$400 copay for each Medicare-covered hospital stay until discharge.</p> <p><b>Out-of-network:</b> 20% coinsurance</p>
<p><b>Part D prescription drug coverage</b></p> <p>(Refer to Section 1.5 for details.)</p>	<p><b>Deductible:</b> \$345 except for covered insulin products and most adult Part D vaccines.</p>	<p><b>Deductible:</b> \$295 except for covered insulin products and most adult Part D vaccines.</p>



Cost	2023 (this year)	2024 (next year)
	<p data-bbox="695 260 1049 369">Copay or Coinsurance during the Initial Coverage Stage:</p> <p data-bbox="695 399 863 470"><b>Drug Tier 1:</b> \$12 copay</p> <p data-bbox="695 499 863 571"><b>Drug Tier 2:</b> \$20 copay</p> <p data-bbox="695 600 1049 785"><b>Drug Tier 3:</b> \$47 copay You pay \$35 per month supply of each covered insulin product on this tier.</p> <p data-bbox="695 814 1049 999"><b>Drug Tier 4:</b> 50% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.</p> <p data-bbox="695 1029 919 1100"><b>Drug Tier 5:</b> 27% coinsurance</p> <p data-bbox="695 1129 1049 1772"><b>Catastrophic Coverage:</b></p> <ul data-bbox="695 1167 1049 1772" style="list-style-type: none"> <li data-bbox="695 1167 1049 1310">• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li data-bbox="695 1318 1049 1772">• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called the <b>coinsurance</b>) or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs).</li> </ul>	<p data-bbox="1094 260 1448 369">Copay or Coinsurance during the Initial Coverage Stage:</p> <p data-bbox="1094 399 1263 470"><b>Drug Tier 1:</b> \$0 copay</p> <p data-bbox="1094 499 1263 571"><b>Drug Tier 2:</b> \$10 copay</p> <p data-bbox="1094 600 1448 785"><b>Drug Tier 3:</b> \$47 copay You pay \$35 per month supply of each covered insulin product on this tier.</p> <p data-bbox="1094 814 1448 999"><b>Drug Tier 4:</b> \$100 copayment You pay \$35 per month supply of each covered insulin product on this tier.</p> <p data-bbox="1094 1029 1318 1100"><b>Drug Tier 5:</b> 28% coinsurance</p> <p data-bbox="1094 1129 1448 1369"><b>Catastrophic Coverage:</b></p> <ul data-bbox="1094 1167 1448 1369" style="list-style-type: none"> <li data-bbox="1094 1167 1448 1369">• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>

## SECTION 1 Changes to Benefits and Costs for Next Year

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### Section 1.1 – Changes to the Monthly Premium

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<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$70	\$56
<b>Choice Dental</b> (optional supplemental benefit)	\$25	\$25

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

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Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	<b>In-network:</b> \$3,800	<b>In-network:</b> \$3,800  Once you have paid \$3,800 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.
	<b>Out-of-network:</b> \$7,500	<b>Out-of-network:</b> \$7,500  Once you have paid \$7,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [ucare.org/searchnetwork](https://ucare.org/searchnetwork). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider and Pharmacy Directory* to check if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Provider and Pharmacy Directory* to check which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Hearing services</b>	In-network: You have up to three (3) hearing aid fittings and evaluations per calendar year.	In-network: You have unlimited hearing aid fittings and evaluations per calendar year.
<b>Outpatient mental health care</b>	In-network and Out-of-network: You pay a \$40 copay for each Medicare-covered visit.	In-network and Out-of-network: You pay a \$0 copay for each Medicare-covered visit.
<b>Outpatient substance use disorder services</b>	In-network: You pay a \$35 copay for each Medicare-covered visit.  Out-of-network: You pay 20% coinsurance for each Medicare-covered visit.	In-network and Out-of-network: You <u>do not</u> have a copay or coinsurance for Medicare-covered visits.
<b>Skilled nursing facility (SNF) care</b>	In-network: You pay a \$0 copay for days 1-20; \$196 copay per day for days 21-100, per benefit period.	In-network: You pay a \$0 copay for days 1-20; \$203 copay per day for days 21-100, per benefit period.

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our "Drug List"

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our "Drug List" is provided electronically.

We made changes to our "Drug List," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

**Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, please call Customer Service and ask for the LIS Rider.

There are four **drug payment stages**.

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

### Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tiers 3-5 drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>The deductible is \$345</p> <p>During this stage, you pay \$12 for drugs in Tier 1, \$20 for drugs in Tier 2, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.</p>	<p>The deductible is \$295</p> <p>During this stage, you pay \$0 for drugs in Tier 1, \$10 for drugs in Tier 2, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.</p>

## Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 4, your cost sharing in the initial coverage stage is changing from coinsurance to a copayment. Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>For 2023, you paid a 50% coinsurance for drugs on Tier 4. For 2024, you will pay a \$100 copayment for drugs on this tier.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our "Drug List". To check if your drugs will be in a different tier, look them up on the "Drug List".</p>	<p>Your cost for a one-month supply at a network pharmacy with standard cost sharing:</p> <p><b>Preferred generic drugs:</b> You pay \$12 per prescription.</p> <p><b>Generic drugs:</b> You pay \$20 per prescription.</p> <p><b>Preferred brand-name drugs:</b> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-preferred drugs:</b> You pay 50% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Specialty drugs:</b> You pay 27% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply at a network pharmacy with standard cost sharing:</p> <p><b>Preferred generic drugs:</b> You pay \$0 per prescription.</p> <p><b>Generic drugs:</b> You pay \$10 per prescription.</p> <p><b>Preferred brand-name drugs:</b> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-preferred drugs:</b> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Specialty drugs:</b> You pay 28% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

For the Coverage Gap Stage for drugs on Tier 4, your cost sharing is changing from coinsurance to a copayment.

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

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On January 1, 2024, we are changing the company we use to administer your prescription benefits. Navitus Health Solutions will be our new pharmacy benefit manager partner. While we expect most members will experience little impact, there are some things to know. When you visit the pharmacy in 2024, simply show them your new ID card. Your new card includes Navitus Health Solutions pharmacy information. We will reach out to you with more details if you are impacted by the change. We are here to help if you have any questions or need support. You can contact Customer Service or go to [ucare.org/PBM](https://ucare.org/PBM) for more information about the change to Navitus Health Solutions as our pharmacy benefit manager.

Description	2023 (this year)	2024 (next year)
How you get your eyewear allowance	You get an annual eyewear allowance on your UCare Rewards Benefit Mastercard.	You get an annual eyewear allowance on your UCare Healthy Benefits+ Visa® card.
How you get your grocery discounts	You get grocery discounts on pre-qualified healthy foods. Many weekly specials are pre-loaded into your Healthy Savings card.	You get grocery discounts on pre-qualified healthy foods. Many weekly specials are pre-loaded into your UCare Healthy Benefits+ Visa® card
How you get your over-the-counter (OTC) allowance	You get an OTC allowance twice a year on your Healthy Savings card.	You get an OTC allowance twice a year on your UCare Healthy Benefits+ Visa® card.

Description	2023 (this year)	2024 (next year)
Long-term supply of a drug (also called an extended day supply)	Extended day supply network pharmacies can fill up to a 90-day supply of prescription medications.	Extended day supply network pharmacies can fill up to a 100-day supply of Tier 1 – Tier 4 prescription drugs as prescribed by your health care provider. Tier 5 prescription drugs are limited to a 30 day supply per fill.
Pharmacy Benefit Manager	Express Scripts administers prescription drug benefits on behalf of UCare.	Navitus will administer prescription drug benefits on behalf of UCare.
Preferred network pharmacies	Preferred cost sharing at preferred network pharmacies.	Standardized cost sharing at any network pharmacy.
Using mail order pharmacy to fill prescriptions	Call Express Scripts Mail Order Pharmacy at 1-877-567-6320. You may also login to <a href="http://www.express-scripts.com">www.express-scripts.com</a> .	Set up an online account with Costco Mail Order Pharmacy. Go to <a href="http://pharmacy.costco.com">pharmacy.costco.com</a> , click “Get Started” to set up an online account. You may also call Costco’s customer service team at 1-800-607-6861, or TTY 711. You do not need to be a member of Costco to use the mail order service.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in UCare Essentials Rx

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our UCare Essentials Rx.



## Section 3.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please refer to Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (refer to Section 5), or call Medicare (refer to Section 7.2).

As a reminder, UCare Minnesota offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from UCare Essentials Rx.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from UCare Essentials Rx.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Service if you need more information on how to do so.
  - --OR-- Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

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If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## **SECTION 5 Programs That Offer Free Counseling about Medicare**

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The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Minnesota, the SHIP is called the Senior LinkAge Line®.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior LinkAge Line® counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the Senior LinkAge Line® at the phone numbers listed below.

### **Minnesota SHIP**

Senior LinkAge Line®

Minnesota Board on Aging

P.O. Box 64976

St. Paul, MN 55164-0976

1-800-333-2433 (this call is free)

TTY call the Minnesota Relay Service at 711

[www.seniorlinkageline.com](http://www.seniorlinkageline.com)

## **SECTION 6 Programs That Help Pay for Prescription Drugs**

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You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the state ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Monday – Friday, 8:30 am – 4:30 pm:

**Twin Cities Metro area**

Phone: 651-431-2414

Fax: 651-431-7414

**Statewide**

Phone: 1-800-657-3761 (this call is free)

TTY: 1-800-627-3529 (this call is free)

**HIV/AIDS Programs**

Department of Human Services

P.O. Box 64972

St. Paul, MN 55164-0972

## **SECTION 7 Questions?**

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### **Section 7.1 – Getting Help from UCare Essentials Rx**

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Questions? We're here to help. Please call Customer Service at 612-676-3600 or 1-877-523-1515 (this call is free). TTY only, call 612-676-6810 or 1-800-688-2534 (this call is free). We are available for phone calls 8 am – 8 pm, seven days a week.

#### **Read your 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for UCare Essentials Rx. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [ucare.org/formembers](https://ucare.org/formembers). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

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

## Section 7.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document 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. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.









500 Stinson Blvd. NE

Minneapolis, MN 55413-2615

**612-676-3600 or 1-877-523-1515 (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://www.ucare.org)**

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