



## 2025 UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP)

A Medicare Advantage Special Needs Plan that combines your Medicare and Medicaid (Medical Assistance) benefits



# Is UCare's MSHO right for you?

Enroll if you:

- ✓ Are at least age 65
- ✓ Have Medicaid and Medicare Parts A and B
- ✓ Live in UCare's MSHO service area

## Counties in UCare's MSHO service area

Aitkin	Fillmore	Martin	Rock
Anoka	Freeborn	Mille Lacs	Roseau
Becker	Hennepin	Morrison	Scott
Benton	Houston	Mower	Sherburne
Blue Earth	Isanti	Murray	St. Louis
Carlton	Jackson	Nicollet	Stearns
Carver	Kandiyohi	Nobles	Swift
Cass	Kittson	Norman	Todd
Chippewa	Koochiching	Olmsted	Wabasha
Chisago	Lac Qui Parle	Otter Tail	Wadena
Clay	Lake	Pennington	Washington
Cook	Lake of the Woods	Pine	Watonwan
Cottonwood	Le Sueur	Polk	Winona
Crow Wing	Lincoln	Ramsey	Wright
Dakota	Lyon	Red Lake	Yellow Medicine
Dodge	Mahnomen	Redwood	
Faribault	Marshall	Rice	

## Join at no cost to you

Part B premiums will apply.

## If you have Minnesota Senior Care Plus (MSC+), consider UCare's MSHO

Adults age 65 and older who have both Medicare and Medicaid can choose the one-plan convenience of UCare's MSHO. UCare's MSHO offers more benefits and services than MSC+.



## Life is easier with UCare's MSHO

Get more to cover your everyday expenses for no extra cost.

- **Up to \$900** per year for healthy groceries
- **Up to \$660** per year for utility bills and rent
- **Up to \$280** per year for over-the-counter items
- **\$0** gym membership
- **\$0** for all Part D prescription drugs
- **\$0** rides to medical appointments, grocery stores and gyms
- **Two \$0** dental crowns per year
- **Rewards** loaded on your UCare Healthy Benefits+ Visa® card for taking care of your health

### Extras for members who qualify

These benefits are part of a special supplemental program for eligible members. Not all members qualify. Call for more information.

- **\$0 electronic tablet** that connects to the internet
- **Up to \$750** per year for safety equipment



Starting January 1, 2025, switch to UCare's MSHO any time, year-round. Call a licensed UCare specialist today.

**1-866-857-2417**  
**TTY 1-800-688-2534**



# It's easy to find a doctor and your prescription drugs

Go to [search.ucare.org](https://search.ucare.org) to look for:



## People

Doctors, specialists, dentists, chiropractors and any type of care you need



## Places

Hospitals, clinics, home health care, hospice, urgent care and more



## Drugs

Download the complete Formulary or search the list of covered drugs



## Pharmacies

Community, hospital, clinical and online pharmacies

If you prefer, request a paper copy of the Provider and Pharmacy Directory at 1-866-857-2417 (TTY 1-800-688-2534).

## What's next

**If you enroll by mail, online, in person or by phone, here's what happens next:**

1. We check to make sure your enrollment form is complete and will let you know if anything is missing.
2. We'll send your completed form to the Minnesota Department of Human Services (DHS). They will send it to the Centers for Medicare & Medicaid Services (CMS).
3. If DHS and CMS determine you're eligible for UCare's MSHO, DHS will send you a letter confirming your enrollment.
4. You'll get a UCare member identification (ID) card. It's the only card you'll need for your medical, dental and pharmacy needs. You'll also get a member guide to help you make the most of your coverage.



[Scan the QR code to enroll online now](#)

Have questions? We can help.

1-866-857-2417 (TTY 1-800-688-2534)

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

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.

# UCare's MSHO offers more benefits

## UCare's MSHO compared to MSC+

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

\*You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance or another third party.

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

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



# Three easy ways to enroll in UCare's MSHO



## Mail

Fill in the UCare's MSHO enrollment form. Then mail it in the postage-paid envelope.



## Online

Visit [ucare.org/getmsho](https://ucare.org/getmsho). Click the "Enroll now" link. Complete and submit the online enrollment form.



## Call

Enroll with a UCare representative over the phone.

**1-866-857-2417**

**TTY 1-800-688-2534**

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

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

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုန်ဟ်သးဘန်တကွၢ်. ဝဲနမ့ၢ်လိန်ဘန်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘန် လိတဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တကွၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທສໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

**Civil Rights Notice**

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

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

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

UCare  
Attn: Appeals and Grievances  
PO Box 52  
Minneapolis, MN 55440-0052  
Toll Free: 1-800-203-7225  
TTY: 1-800-688-2534  
Fax: 612-884-2021  
Email: [cag@ucare.org](mailto:cag@ucare.org)

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

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

**Civil Rights Complaints**

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

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

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

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Midwest Region  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
Customer Response Center: 800-368-1019, TTY: 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

DHS\_Approved\_11/24/2021

**Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

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

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

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice)  
800-657-3704 (toll-free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

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

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

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

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

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

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

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

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

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500 Stinson Blvd  
Minneapolis, MN 55413  
1-866-857-2417 | TTY 1-800-688-2534  
**ucare.org**

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