

2025 UCare Connect (SNBC)

A Special Needs BasicCare Plan for Minnesota adults with Medicaid (Medical Assistance) and a certified disability



Is UCare Connect right for you?

Enroll if you:



✓ Have Medicaid with or without Medicare Part A and Part B \checkmark Have a certified disability

 \checkmark Live in the UCare Connect service area

Counties in the UCare Connect service area

Aitkin Anoka Becker Benton Blue Earth Carlton Carver Cass Chippewa Chisago Clay Cook Cottonwood Crow Wing Dakota Faribault Fillmore

Freeborn Hennepin Houston Isanti ltasca Jackson Kanabec 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 Wadena Washington Watonwan Wilkin Winona Wright Yellow Medicine

Join at no cost to you

If you have Medicare, Part D copays and Part B premiums will apply.



Get more with UCare Connect

UCare Connect provides benefits beyond straight Medicaid like:

- Save up to \$50 a week with healthy grocery discounts at participating stores
- Connect to Wellness Kit options include Fitness, Stress Relief, Sleep Aid, ADHD and Autism Support, and Dental
- Up to \$400 per year for community education classes (\$100 every quarter) loaded to your UCare Healthy Benefits+ Visa[®] card
- **Keep Your Coverage team** of specialists that guide you through the Medicaid renewal process so you can avoid gaps in care and services
- **No-cost transportation** to and from covered medical, dental and pharmacy appointments through UCare Health Ride

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Call us today and talk with a licensed UCare representative. **1-866-787-9376 TTY 1-800-688-2534**



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

Go to search.ucare.org to look for:



People

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



Drugs

Download the complete formulary or search the list of covered drugs



Places

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



Pharmacies

Community, hospital, clinical and online pharmacies

What's next

When you enroll by mail, online or in person, 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 enrollment form to the Minnesota Department of Human Services (DHS) for review
- **3.** If DHS determines you're eligible for UCare Connect, DHS will send you a letter confirming your enrollment
- **4.** You'll get a UCare member identification (ID) card to access your medical and dental needs. You can use this card at your pharmacy for Medicaid-covered drugs (you'll also need your Part D card if you have Medicare). 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.

1-866-787-9376 (TTY 1-800-688-2534) snpsales@ucare.org | ucare.org/getconnect

UCare Connect offers more benefits

UCare Connect and straight Medicaid

Additional benefits to improve your health		UCare Connect	straight Medicaid
Key perks	Medicaid medical and pharmacy benefits	\checkmark	\checkmark
	No premiums*	\checkmark	\checkmark
	Personal Care Assistance (PCA), Home Care Nursing (HCN) services and disability waiver benefits for those who qualify. Paid by the state.	\checkmark	\checkmark
	Care coordination for members with complex health needs	\checkmark	—
	Keep Your Coverage team — helps members with Medicaid renewal paperwork	\checkmark	—
	Nurse Line — members can call 24/7 for reliable health information from nurses that offer health advice and provide answers to health questions	\checkmark	—
	Earn rewards loaded to your UCare Healthy Benefits+ card for completing certain preventive screenings, tests or exams	\checkmark	_
Additional coverage	Transportation at no added cost to medical, dental and pharmacy appointments	\checkmark	\checkmark
	Up to \$400 per year for community education classes (\$100 every quarter) loaded to your UCare Healthy Benefits+ Visa card	\checkmark	_
	Dental care coordination — help with finding a dentist and arranging appointments, including access to UCare's Mobile Dental Clinic	\checkmark	_
Wellness support	Weekly grocery discounts at participating stores. Discounts are pre-loaded onto your UCare Healthy Benefits+ card.	\checkmark	—
	Connect to Wellness Kit — options include Fitness, Sleep Aid, Stress Relief, ADHD and Autism Support, or Dental	\checkmark	_

*If you have Medicare, you must continue to pay your Part B premium unless it is paid by the state.



Two easy ways to enroll in UCare Connect



Mail

Fill in the UCare Connect enrollment form. Then mail it in the postage-paid envelope.



Online

Visit **ucare.org/getconnect.** Click the "Enroll now" link. Complete and submit the online enrollment form.

Notes

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။ ဤစွာရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း 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.

ပာ်သူဉ်ပာ်သးဘဉ်တက္i၊ ဖဲနမ့်၊လိဉ်ဘဉ်တ၊်မ၊စ၊၊ကလီလ၊တ၊်ကကျိးထံဝဲဒဉ်လံဉ် တီလံဉ်မီတခါအံ၊န့ဉ်,ကိးဘဉ် လီတဲစိနို၊်ဂံ၊လ၊ထးအံ၊န့ဉ်တက္i၊

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
- $\boldsymbol{\cdot}$ national origin
- creed
- religion
- \cdot 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

• color

• disability

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- 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: 800-368-1019, TTY: 800-537-7697 Email: <u>ocrmail@hhs.gov</u> religion (in some cases)

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

sexsexual orientation

creed

• 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 (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



500 Stinson Blvd Minneapolis, MN 55413 1-866-787-9376 | TTY 1-800-688-2534 **ucare.org**

U8125 (12/2024)