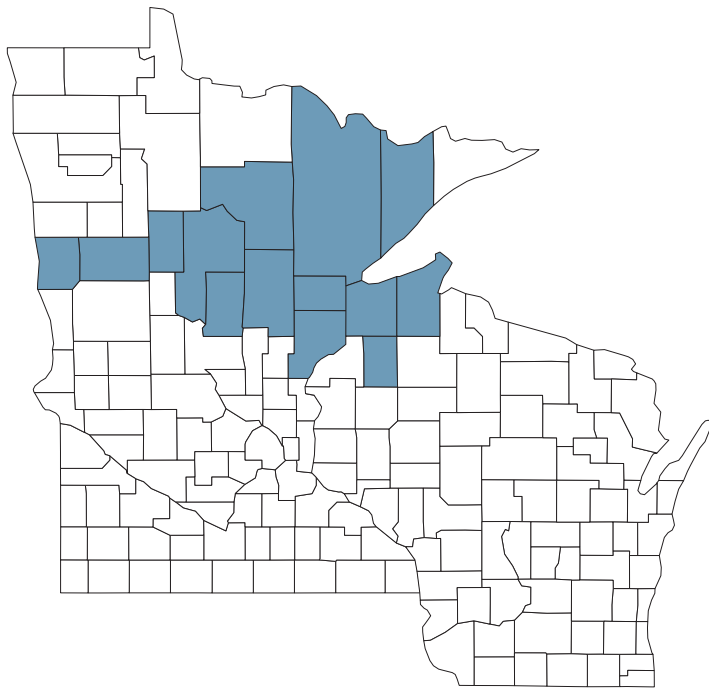


EssentiaCare Medicare Advantage Plans

2025 Summary of Benefits

Plans and coverage where you live



To be eligible for EssentiaCare you must live in one of the following counties:

Minnesota counties

Aitkin, Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Lake, Pine, St. Louis

Wisconsin counties

Bayfield, Douglas, Washburn

Plan options:

EssentiaCare Access (PPO*)

EssentiaCare Access is only available in St. Louis (MN), Bayfield (WI), Douglas (WI) and Washburn (WI) counties.

EssentiaCare Secure (PPO*)

EssentiaCare Grand (PPO*)

For information about plans available in other counties, please call us at 1-877-671-1061 (TTY users call 1-800-688-2534).

Essentia Health is an integrated health system that combines the strengths and talents of doctors, specialists and advanced practitioners, to serve patients and communities.

Search for a full list of providers at search.ucare.org. You can search by People (for example: Doctor's name) or Places (for example: Pick your plan).

You can see any provider that accepts Medicare, but you'll pay less when you get care from Essentia Health providers.

You qualify for Medicare if you are 65 or older or meet special criteria, worked for at least 10 years and paid Medicare taxes (or your spouse did), and are a citizen and a permanent resident of the United States. To join EssentiaCare plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area, shown on the map above.

EssentiaCare is a registered trademark of Essentia Health nonprofit corporation.

*PPO: Preferred Provider Organization

Contents

Plan benefit details	page 2
Monthly plan premium	page 2
Maximum out-of-pocket	page 2
Hospital care	page 2
Doctor visits	page 2
Preventive care.....	page 3
Diagnostic tests, radiation therapy, X-rays and lab services	page 3
Hearing services.....	page 3
Dental coverage	page 4
Vision services.....	page 5
Mental health services	page 5
Skilled nursing facility care	page 5
Coverage when traveling	page 7
Medicare Part D coverage	page 8
Additional information	page 10
Plans at a glance	page 17

	Access	Secure	Grand
2025 monthly plan premium (you must continue to pay your Medicare Part B premium)	\$0	\$8	\$62
Medicare Part B premium giveback	\$11	None	None
Medical deductible	\$0	\$0	\$0
Medicare Part D deductible	Tier 1 = \$0 Tiers 2-5 = \$125	Tiers 1 & 2 = \$0 Tiers 3-5 = \$95	Tiers 1-5 = \$0
Maximum out-of-pocket The most you will pay out-of-pocket for Medicare-covered services each year. Excludes Medicare Part D and all other non-Medicare covered services and premium. This is not a deductible.	In-network \$4,400; then 100% covered Out-of-network combined with in-network \$6,500; then 100% covered	In-network \$4,500; then 100% covered Out-of-network combined with in-network \$5,500; then 100% covered	In-network \$3,000; then 100% covered Out-of-network combined with in-network \$4,500; then 100% covered
Hospital care			
Inpatient hospital care (per admission)	\$300 copay per day (days 1-5); then 100% covered	\$300 copay per day (days 1-5); then 100% covered	\$250 copay per stay (not per day); then 100% covered
Outpatient hospital or procedure	\$395 copay	\$350 copay	\$300 copay
Ambulatory surgery center	\$395 copay	\$350 copay	\$300 copay
Doctor visits — in person or telehealth for Medicare-approved services			
Primary	In-network \$10 copay Out-of-network \$50 copay	In-network \$0 copay Out-of-network \$45 copay	In-network \$0 copay Out-of-network \$40 copay
Specialist	In-network \$50 copay Out-of-network \$80 copay	In-network \$45 copay Out-of-network \$75 copay	In-network \$30 copay Out-of-network \$75 copay
E-visits through Essentia MyChart	\$0 copay	\$0 copay	\$0 copay

In general, out-of-network cost-sharing in the U.S. is 40%; cost-sharing is the same both in- and out-of-network for some services.

	Access	Secure	Grand
Preventive care			
Routine physical exam	\$0 copay	\$0 copay	\$0 copay
“Welcome to Medicare” preventive visit (if in the first 12 months on Part B)	\$0 copay	\$0 copay	\$0 copay
Annual Wellness Exam (if you've had Part B for more than 12 months)	\$0 copay	\$0 copay	\$0 copay
Flu and pneumonia vaccines	\$0 copay	\$0 copay	\$0 copay
Mammogram screening, prostate cancer screening exam, bone mass measurement, diabetes screening, preventive colorectal cancer screening	\$0 copay	\$0 copay	\$0 copay
Emergency/urgent care — network does not apply			
Emergency care	\$100 copay	\$100 copay	\$100 copay
Urgently needed services	\$45 copay	\$45 copay	\$45 copay
Diagnostic tests, radiation therapy, X-rays and lab services			
Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays	20% coinsurance	10% coinsurance up to a maximum of \$150 per day	10% coinsurance up to a maximum of \$50 per day
Lab services (e.g., Protime INR, cholesterol)	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay
Hearing services			
Diagnostic hearing exam	\$50 copay	\$45 copay	\$35 copay
Routine hearing exam	\$0 copay	\$0 copay	\$0 copay
Annual allowance for hearing aids	\$600 flexible benefit allowance to use on one or a combination of eligible dental, hearing aids and prescription eyewear	Not covered	In-network \$500 Out-of-network The plan will pay 50% coinsurance up to a maximum of \$500; you pay 50% coinsurance of the total cost plus any amount above the plan maximum

	Access	Secure	Grand
Dental coverage			
Coverage includes	\$600 flexible benefit allowance to use on one or a combination of eligible dental, hearing aids and prescription eyewear	Routine dental with optional coverage available	Routine dental with optional coverage available
Premium for additional coverage	None	\$29 per month	\$29 per month
Deductible	\$0	\$75 per year	\$75 per year
Annual plan maximum	\$600	\$2,000	\$2,000
Oral examinations	\$600 flexible benefit allowance to use on one or a combination of eligible dental, hearing aids and prescription eyewear	One per year* (two total with purchase of optional coverage)	One per year* (two total with purchase of optional coverage)
Routine cleanings		One per year* (two total with purchase of optional coverage)	One per year* (two total with purchase of optional coverage)
X-rays		Annual bitewing* (full mouth every 5 years with purchase of optional coverage)	Annual bitewing* (full mouth every 5 years with purchase of optional coverage)
Fluoride treatment		Covered*	Covered*
Periodontal maintenance cleanings		One per year* (more with purchase of optional coverage)	One per year* (more with purchase of optional coverage)
Basic restorative services (e.g., fillings, root canals, periodontal services)		30% coinsurance with purchase of optional coverage	30% coinsurance with purchase of optional coverage
Major restorative procedures (e.g., crowns, bridges, implants, dentures)		60% coinsurance with purchase of optional coverage	60% coinsurance with purchase of optional coverage

*These services are included without purchase of optional coverage and no deductible applies.

For dental limitations and exclusions, see page 12.

	Access	Secure	Grand
Vision services			
Diagnostic eye exam	\$35 copay	\$45 copay	\$35 copay
Annual routine eye exam	\$0 copay	\$0 copay	\$0 copay
Prescription eyeglasses or contact lenses after cataract surgery	20% coinsurance	\$0 copay	\$0 copay
Annual allowance for prescription eyeglasses or contacts at your preferred eyewear retailer	\$600 flexible benefit allowance to use on one or a combination of eligible dental, hearing aids and prescription eyewear	\$100	\$200
Mental health services			
Inpatient hospital stay (90-day limit per stay) Limited to 190 days in a lifetime in a psychiatric hospital	\$300 copay per day (days 1–5); then 100% covered	\$300 copay per day (days 1–5); then 100% covered	\$250 copay per stay (not per day); then 100% covered
Outpatient mental health care	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay	In-network \$0 copay Out-of-network \$0 copay
Skilled nursing facility care (or swing bed)¹			
Care in a skilled nursing facility with no prior 3-day hospital stay required	\$0 copay per day for days 1–20; \$214 copay per day for days 21–100; per benefit period	\$0 copay per day for days 1–20; \$214 copay per day for days 21–100; per benefit period	\$0 copay per day for days 1–20; \$125 copay per day for days 21–100; per benefit period

¹Service requires prior authorization.

	Access	Secure	Grand
Other services			
Physical therapy	\$40 copay	\$40 copay	\$30 copay
Ambulance (within the U.S. and its territories) Includes air and/or ground	\$350 copay	\$375 copay	\$300 copay
Transportation (non-emergency)	Not covered	Not covered	Not covered
Medicare Part B drugs ² (generally, drugs that must be administered by a health professional)	20% coinsurance	20% coinsurance	20% coinsurance
Chiropractic services through ChiroCare network ³ Manual manipulation of the spine to correct subluxation	\$20 copay	\$20 copay	\$15 copay
Acupuncture All plans cover acupuncture for chronic low back pain, based on Medicare criteria	Doctor visit copays apply (see page 2)	Doctor visit copays apply (see page 2)	Doctor visit copays apply (see page 2)
Podiatry services	\$50 copay	\$45 copay	\$30 copay
Over-the-counter (OTC) allowance	\$50 per month	\$50 per month	\$50 per month
Durable medical equipment ³ (e.g., oxygen equipment, CPAP)	20% coinsurance	20% coinsurance	20% coinsurance
Prosthetic devices (e.g., braces, colostomy bags and supplies)	20% coinsurance	20% coinsurance	20% coinsurance
Fitness options	One Pass fitness program or Health Club Savings program	One Pass fitness program or Health Club Savings program	One Pass fitness program or Health Club Savings program
Diabetic supplies <ul style="list-style-type: none"> • Continuous blood glucose monitors • Other glucose monitors • Test strips and lancets • Inserts and shoes (Insulin and syringes covered under Medicare Part D)	20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance	20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance	20% coinsurance \$0 copay \$0 copay \$0 copay

²Service requires prior authorization. Certain drugs may have a lower coinsurance. You will not pay more than \$35 for a one-month supply of Part B insulin.

³Service requires prior authorization.

	Access	Secure	Grand
Coverage when traveling — EssentiaCare covers you in-network at Essentia Health providers, its partners and at many out-of-state providers.			
Within the U.S. — care from any provider that accepts Medicare			
Primary out-of-network	\$50 copay	\$45 copay	\$40 copay
Specialist out-of-network	\$80 copay	\$75 copay	\$75 copay
Lab services (e.g., Protime INR, cholesterol)	\$0	\$0	\$0
Outpatient mental health care	\$0	\$0	\$0
Most other non-emergency services received out-of-network	40% coinsurance	40% coinsurance	40% coinsurance
Emergency care	\$100 copay	\$100 copay	\$100 copay
Urgently needed services	\$45 copay	\$45 copay	\$45 copay
Ambulance Includes air and/or ground	\$350 copay	\$375 copay	\$300 copay
Worldwide emergency care (outside the U.S. and its territories)			
Emergency care including post-stabilization	\$100 copay	\$100 copay	\$100 copay
Ground ambulance to the nearest hospital for emergency care	\$350 copay	\$375 copay	\$300 copay

Note: Only emergency coverage is worldwide. You may want to consider purchasing a separate travel policy while traveling outside the U.S. for services such as air ambulance.

	Access	Secure	Grand
Medicare Part D coverage — included with these plan options at no additional premium			
Cost sharing for deductible: You pay the full cost of your drugs until you reach this amount	Tier 1 = \$0 Tiers 2-5 = \$125	Tiers 1 & 2 = \$0 Tiers 3-5 = \$95	Tiers 1-5 = \$0
Initial coverage phase: From \$0 to \$2,000 in annual prescription drug costs. After you meet the deductible, you pay the amounts listed below.			
Cost sharing (retail)			
Tier 1 Preferred generic drugs	Retail — 30-day supply \$0 copay	Retail — 30-day supply \$0 copay	Retail — 30-day supply \$0 copay
Tier 2 Generic drugs	Retail — 30-day supply \$10 copay	Retail — 30-day supply \$7 copay	Retail — 30-day supply \$10 copay
Tier 3 Preferred brand drugs Insulin: \$35 copay, no deductible	Retail — 30-day supply \$47 copay	Retail — 30-day supply \$47 copay	Retail — 30-day supply \$47 copay
Tier 4 Non-preferred drugs Insulin: \$35 copay, no deductible	Retail — 30-day supply \$100 copay	Retail — 30-day supply \$100 copay	Retail — 30-day supply \$100 copay
Tier 5 Specialty drugs	Retail — 30-day supply 28% coinsurance	Retail — 30-day supply 29% coinsurance	Retail — 30-day supply 33% coinsurance
Catastrophic coverage			
Once you have reached \$2,000 in annual prescription drug spending (excluding EssentiaCare's cost), you pay \$0	\$0 copay	\$0 copay	\$0 copay

Cost-sharing may differ based on pharmacy type or status (mail-order, retail, long-term care, home infusion), or whether the prescription is a 30-, 60-, extended supply up to 100 days as prescribed by your provider.

Additional requirements or limits on covered drugs — Some covered drugs may have additional requirements or limits on coverage. These may include: Prior Authorization (PA), Quantity Limits (QL) or Step Therapy (ST). Visit [ucare.org/medicare123](https://www.essentialcare.com/medicare123) to find out if your drug has any additional requirements or limits. You can also ask us to make an exception to these restrictions or limits. Details on how to make these requests are in the formulary and in the EssentiaCare Evidence of Coverage.

Medicare Prescription Payment Plan

Members with Part D coverage can enroll in the Medicare Prescription Payment Plan at no additional cost. This program allows you to pay your out-of-pocket prescription drug costs monthly instead of paying at the pharmacy. If you sign up you'll get a monthly bill from UCare for your medications.

Part D vaccines

Our plans cover most Part D vaccines at no cost to you, even if you haven't paid your deductible.

Extra Help for Medicare Part D

You may be able to get Extra Help to help pay for your prescription drug premium and costs.

To see if you qualify, call:

- 1-800-MEDICARE (TTY users call 1-877-486-2048), 24/7
- Social Security Administration at 1-800-772-1213 (TTY users call 1-800-325-0778), 7 am – 7 pm, Monday – Friday
- Your State Medicaid Office or County Human Services Office
- Senior LinkAge Line at 1-800-333-2433

Some people will pay a higher premium for Medicare Part D coverage because their yearly income is over certain amounts.

Low copays on insulin

You won't pay more than \$35 for a one-month supply of each Part D or Part B insulin product covered by our plan, no matter which cost-sharing tier it's on. Deductibles do not apply.

Additional information

Provider network coverage

While you are a member of our plan, you must use network providers to get your medical care and services covered at in-network cost-share levels. Exceptions to this include emergency care, urgent care, out-of-area dialysis services, lab services, Medicare-covered preventive screenings, and cases in which the plan authorizes use of out-of-network providers. You can obtain certain covered services from out-of-network providers at different cost-share levels.

Out-of-network/non-contracted providers are under no obligation to treat EssentiaCare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Case Management

EssentiaCare Case Management is a short-term (3–6 month) telephonic program for members who have multiple chronic health conditions. We offer care management to members with select diagnoses who transition to home from a hospital or skilled nursing facility. The Case Management team consists of registered nurses whose primary focus is on assisting our members with medical case management needs such as health decision support and disease specific education. The Case Management team also works with internal and external resources to provide the member with needed support and help with attaining best health outcomes. They conduct care management by phone during business hours.

Understanding utilization management

Prior authorization

One way that EssentiaCare ensures excellent care is by collaborating with your health care professionals to evaluate specific services and procedures. Our goal is to ensure that you receive the best possible care for your individual needs. This Summary of Benefits provides information on the types of care or services that require notification or authorization. It's important to note that this list may change periodically. For instance, some examples of services that require prior approval include spine surgery and vein procedures.

We offer coverage for certain services listed in the benefits chart only when your doctor or provider obtains advance approval from us. These approved services include inpatient rehabilitation services, genetic and molecular diagnosis tests, lumbar spine surgery, bariatric surgery, vein procedures, spinal cord stimulators and cranial nerve stimulation, including the vagus nerve and hypoglossal nerve. Other services that require prior authorization and/or notification are marked with a ^{1,2,3} in the chart.

Authorization and notification

One of the ways EssentiaCare makes sure you get excellent care is by partnering with your doctors to review certain types of services and procedures. We want you to get the care that is best for your needs.

This Summary of Benefits notes which types of care or services require notification or authorization. This list may change from time to time. Some examples include spine surgery and vein procedures.

Notification

Hospitals are required to notify EssentiaCare if you are admitted to a hospital, long-term care facility or skilled nursing facility. EssentiaCare's clinical team will collaborate with your health care professionals to ensure you receive the necessary care. If needed, EssentiaCare may set up post-hospital care.

Prior authorization/preservice review

Before any services can be covered, your health care provider must obtain approval from EssentiaCare. This applies to providers who are part of the EssentiaCare network as well as those who are out-of-network. To determine coverage, EssentiaCare's clinical team assesses whether the service is medically necessary, appropriate and effective for your specific needs. Prior authorization, also known as preservice review, requires your provider to submit information to EssentiaCare and request approval before you receive the service. If pre-approval is necessary for the specific service, coverage will only be provided if approval has been granted.

Urgent/concurrent review

During your stay in a long-term acute care (LTAC), acute inpatient rehabilitation (AIR), skilled nursing facility or swing bed, concurrent reviews may occur. EssentiaCare will assess whether your care needs to continue for a longer duration or if alternative care is necessary.

Post-service review

Post-service review is necessary in case your doctor did not request a preservice review. It is possible that your claim has already been denied because authorization is required for coverage. Once your doctor submits a review, EssentiaCare will carefully evaluate your situation and care plan to ensure that you receive the coverage you are entitled to as a EssentiaCare member.

Appeal

If we deny a request made by you or your doctor for medical services or pharmaceuticals, you or your doctor have the option to appeal our decision. At the time of filing an appeal, you or your doctor may include additional documentation that is relevant to your case. Appeal requests undergo a thorough review by physicians, who assess them considering current medical evidence and your benefit plan. If your appeal is turned down, you will receive guidance on how to proceed with a second-level appeal.

Learn more

Go to ucare.org and click on “plan documents.” EssentiaCare members can also look up services in their Evidence of Coverage and Annual Notice of Changes documents. These documents note if notification and authorization is required. Every renewal year, members receive an Annual Notice of Changes that explains any changes to their plan benefits.

Consider Medicare coverage limits

The following items and services are not covered under Original Medicare or by our plan:

- Services considered not reasonable and necessary, according to the standards of Original Medicare, unless these services are listed by our plan as covered services
- Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare-approved clinical research study or by our plan. Experimental procedures and items are those determined by our plan and Original Medicare to not be generally accepted by the medical community.
- Private room in a hospital, except when it is considered medically necessary or if it is the only option available
- Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
- Full-time nursing care in your home

- Custodial care — care provided in a nursing home, hospice or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.
- Homemaker services such as basic household assistance, including light housekeeping or light meal preparation
- Fees charged for care by your immediate relatives or members of your household
- Cosmetic surgery or procedures, unless covered in case of an accidental injury or for improvement of the functioning of a malformed body part. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
- Routine chiropractic care, other than manual manipulation of the spine to correct a subluxation
- Home-delivered meals
- Routine foot care, except for the limited coverage provided according to Medicare guidelines (e.g., if you have diabetes)
- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease
- Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease
- Radial keratotomy, LASIK surgery, vision therapy and other low-vision aids. Eyewear except for one pair of eyeglasses (or contact lenses) after cataract surgery and non Medicare-covered eyewear up to the allowed amount.
- Reversal of sterilization procedures, and/or nonprescription contraceptive supplies
- Acupuncture (except for Medicare-covered chronic low back pain)
- Naturopath services (uses natural or alternative treatments)

Our plan will not cover the excluded services listed above. Even if you receive the services at an emergency facility, the excluded services are still not covered.

Dental coverage limitations

Members must be enrolled in plan for 24 consecutive months before coverage applies to bridges, dentures, prosthetics and implants. Frequency limits and waiting periods do not apply to plans with a yearly dental allowance. Otherwise these limitations apply to all plans.

- Endodontics: Limited to one (1) per tooth per lifetime
- Periodontics (other than periodontal maintenance cleanings): Coverage is limited to one (1) non-surgical periodontal treatment and one (1) surgical periodontal treatment per quadrant every 36 months
- Bone grafting: Coverage is limited to once per site (upper/lower ridge) in conjunction with building the bony ridge needed for successful placement of an implant or removable prosthetics (partial/full dentures)
- Major restorative services: Benefit for the replacement of a crown or an onlay will be provided only after a 60 month period, measured from the last date the covered dental service was performed
- Prosthetics — removable and fixed: A prosthetic appliance (denture or bridge) for the purpose of replacing an existing appliance will be covered only after 60 months
- Implant services: Replacing a single missing tooth. Coverage for implants is limited to once per tooth per lifetime (also see Exclusion #18).

Dental coverage exclusions

These exclusions are specific to dental coverage. Some of these exclusions may be covered under your medical benefit:

1. Dental services that are not necessary or specifically covered
2. Hospitalization or other facility charges
3. Prescription drugs
4. Any dental procedure performed solely as a cosmetic procedure
5. Charges for dental procedures completed prior to the member's effective date of coverage
6. Anesthesiologist services
7. Dental procedures, appliances or restorations that are necessary to alter, restore or maintain

occlusion, including but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition (wear), realignment of teeth, periodontal splinting and gnathologic recordings

8. Direct diagnostic surgical or non-surgical treatment procedures applied to jaw joints or muscles, except as provided under Oral Surgery in the Evidence of Coverage
9. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions
10. Oral hygiene instruction and periodontal exam
11. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture.
12. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the Evidence of Coverage
13. Analgesia (nitrous oxide)
14. Removable unilateral dentures
15. Temporary procedures
16. Splinting
17. Consultations by the treating provider and office visits
18. Initial installation of implants, full or partial dentures or fixed bridgework to replace a tooth or teeth extracted prior to the member's effective date. Exception: This exclusion will not apply for any member who has been continuously covered under an EssentiaCare plan for more than 24 months
19. Occlusal analysis, occlusal guards (night guards) and occlusal adjustments (limited and complete)
20. Veneers (bonding of coverings to the teeth)
21. Orthodontic treatment procedures
22. Corrections to congenital conditions, other than for congenital missing teeth
23. Athletic mouth guards
24. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the Evidence of Coverage
25. Space maintainers

Notice of privacy practices

Effective Date: July 1, 2013

Date of Last Review: July 20, 2022

This Notice describes how medical information about you* may be used and disclosed and how you can get access to this information. Please review it carefully.

**In this Notice, "you" means the member and "we" means EssentiaCare.*

Questions?

If you have questions or want to file a complaint, you may contact our Privacy Officer at UCare, Attn: Privacy Officer, PO Box 52, Minneapolis, MN 55440-0052, or by calling our 24 hour Compliance Hotline at 612-676-6525. You may also file a complaint with the Secretary of the U.S. Department of Health & Human Services at the Office for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. We will not retaliate against you for filing a complaint.

Why are we telling you this?

EssentiaCare believes it is important to keep your health information private. In fact, the law requires us to do so. The law also requires us to tell you about our legal duties and privacy practices. We are required to follow the terms of the Notice currently in effect.

What do we mean by "information?"

In this Notice, when we talk about "information," "medical information," or "health information," we mean information about you that we collect in our business of providing health coverage for you and your family. It is information that identifies you.

What kinds of information do we use?

We receive information about you as part of our work in providing health plan services and health coverage. This information includes your name, address, and date of birth, race, ethnicity, language, sexual orientation, gender identity, telephone numbers, family information, financial information, health records, or other health information.

Examples of the kinds of information we collect include: information from enrollment applications, claims, provider information, and customer satisfaction or health surveys; information you give us when you call us about a question or when you file a complaint or appeal; information we need to answer your question or decide your appeal; and information you provide us to help us obtain payment for premiums.

What do we do with this information?

We use your information to provide health plan services to members and to operate our health plan. These routine uses involve coordination of care, preventive health, and case management programs. For example, we may use your information to talk with your doctor to coordinate a referral to a specialist.

We also use your information for coordination of benefits, enrollment and eligibility status, benefits management, utilization management, premium billing, claims issues, and coverage decisions. For example, we may use your information to pay your health care claims.

Other uses include customer service activities, complaints or appeals, health promotion, quality activities, health survey information, underwriting, actuarial studies, premium rating, legal and regulatory compliance, risk management, professional peer review, credentialing, accreditation, antifraud activities, as well as business planning and administration. For example, we may use your information to make a decision regarding an appeal filed by you.

We do not use or disclose any genetic information, race, ethnicity, language, sexual orientation or gender identity for the purpose of underwriting.

In addition, we may use your information to provide you with appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We may also share information with family members or others you identify as involved with your care, or with the sponsor of a group health plan, as applicable.

We do not sell or rent your information to anyone. We will not use or disclose your information for fundraising without your permission. We will only use or disclose your information for marketing purposes with your authorization. We treat information about former members with the same protection as current members.

Who sees your information?

EssentiaCare employees see your information only if necessary to do their jobs. We have procedures and systems to keep personal information secure from people who do not have a right to see it. We may share the information with providers and other companies or persons working with or for us. We have contracts with those companies or persons. In those contracts, we require that they

agree to keep your information confidential. This includes our lawyers, accountants, auditors, third party administrators, insurance agents or brokers, information systems companies, marketing companies, disease management companies, or consultants.

We also may share your information as required or permitted by law. Information may be shared with government agencies and their contractors as part of regulatory reports, audits, encounter reports, mandatory reporting such as child abuse, neglect, or domestic violence; or in response to a court or administrative order, subpoena, or discovery request. We may share information with health oversight agencies for licensure, inspections, disciplinary actions, audits, investigations, government program eligibility, government program standards compliance, and for certain civil rights enforcement actions. We also may share information for research, for law enforcement purposes, with coroners to permit identification or determine cause of death, or with funeral directors to allow them to carry out their duties. We may be required to share information with the Secretary of the Department of Health and Human Services to investigate our compliance efforts. There may be other situations when the law requires or permits us to share information.

We only share your psychotherapy notes with your authorization and in certain other limited circumstances.

Other uses and disclosures not described above will be made only with your written permission. We will also accept the permission of a person with authority to represent you.

In most situations, permissions to represent you may be cancelled at any time. However, the cancellation will not apply to uses or disclosures we made before we received your cancellation. Also, once we have permission to release your information, we cannot promise that the person who receives the information will not share it.

What are your rights?

- You have the right to ask that we don't use or share your information in a certain way. Please note that while we will try to honor your request, we are not required to agree to your request.
- You have the right to ask us to send information to you at an address you choose or to request that we communicate with you in a certain way.

For example, you may request that your mailings be sent to a work address rather than your home address. We may ask that you make your request in writing.

- You have the right to look at or get a copy of certain information we have about you. This information includes records we use to make decisions about health coverage, such as payment, enrollment, case, or medical management records. We may ask you to make your request in writing. We may also ask you to provide information we need to answer your request. We have the right to charge a reasonable fee for the cost of making and mailing the copies. In some cases, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will tell you in writing. We may give you a right to have the decision reviewed. Please let us know if you have any questions about this.
- You have the right to ask us to correct or add missing information about you that we have in our records. Your request needs to be in writing. In some cases, we may deny a request if the information is correct and complete, if we did not create it, if we cannot share it, or if it is not part of our records. All denials will be in writing. You may file a written statement of disagreement with us. We have the right to disagree with that statement. Even if we deny your request to change or add to your information, you still have the right to have your written request, our written denial, and your statement of disagreement included with your information.
- You have the right to receive a listing of the times when we have shared your information in some cases. Please note that we are not required to provide you with a listing of information shared prior to April 14, 2003; information shared or used for treatment, payment, and health care operations purposes; information shared with you or someone else as a result of your permission; information that is shared as a result of an allowed use or disclosure; or information shared for national security or intelligence purposes. All requests for this list must be in writing. We will need you to provide us specific information so we can answer your request. If you request this list more than once in a 12-month period, we may charge you a reasonable fee. If you have questions about this, please contact us at the address provided at the end of this Notice.

- You have the right to receive notifications of breaches of your unsecured protected health information.
- You have the right to receive a copy of this Notice from us upon request. This Notice took effect July 1, 2013 and was last revised on July 20, 2022.

How do we protect your information?

EssentiaCare protects all forms of your information, written, electronic and oral. We follow the state and federal laws related to the security and confidentiality of your information. We have many safety procedures in place that physically, electronically and administratively protect your information against loss, destruction or misuse. These procedures include computer safeguards, secured files and buildings and restriction on who may access your information.

What else do you need to know?

We may change our privacy policy from time to time. As the law requires, we will send you our Notice if you ask us for it. If you have questions about this Notice, please call EssentiaCare Customer Service at the toll-free number listed on the back of your member card. This information is also available in other forms to people with disabilities. Please ask us for that information.

Notice of nondiscrimination

EssentiaCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. EssentiaCare 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).

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. Some services require preauthorization. To get a complete list of services we cover, call us and ask for the Evidence of Coverage.

This information is not a complete description of benefits. Call 1-877-671-1061 or TTY users call 1-800-688-2534 for more information. Limitations, copays and restrictions apply. Benefits, premiums and/or copayments/coinsurance may change on Jan. 1 of each year.

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 EssentiaCare 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 EssentiaCare 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 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).

XIYEEFFANNAA: 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).

ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမ့်ကတိံ ကညိံ ကျိာ်အလိံ, နမန့် ကျိာ်အတိာ်မဏလာ တလက်ဘျုဂ်လက်စု နိတမံဘျုဂ်သုဂ်လိံ. ကိ: 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: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយវិជ្ជាគណិតវិទ្យា ដោយមិនគិតល្អល គឺអាចមានសំរាប់ប្រើអ្នក។ 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 사용하시는 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).

Plans at a glance



Mark

Mark wants good coverage in case of serious illness or emergency. He especially likes the flexible spending allowance to use on dental, hearing aids and prescription eyewear.



John

John is in good health and doesn't foresee any large health care expenses. He takes prescription drugs to manage his health. EssentiaCare Secure is a great fit, providing all-in-one coverage for a low premium.



June

June has chronic health issues and relies on her care providers at Essentia Health to monitor and treat her condition. She also wants the confidence of knowing she has broad coverage if she needs it. EssentiaCare Grand gives June peace of mind.

	Access	Secure	Grand
Plan premium (you must continue to pay your Part B premium)	\$0	\$8	\$62
Medicare Part B giveback	\$11	None	None
Medical and hospital	✓	✓	✓
Fitness programs	✓	✓	✓
Dental	✓	✓	✓
Vision and hearing	✓	✓	✓
Over-the-counter allowance	✓	✓	✓
Medicare Part D prescription drug coverage	✓	✓	✓
Coverage when traveling	✓	✓	✓
Maximum out-of-pocket (in-network)	\$4,400	\$4,500	\$3,000

3 ways to enroll



online

ucare.org/medicare123

fast and easy

secure data transfer

save enrollment to finish at later time



by mail

fill out the enrollment form and mail it in the postage-paid envelope



phone

call 1-877-671-1061 to enroll with a licensed Medicare sales specialist
8 am – 8 pm,
seven days a week
(Oct. 1 – March 31),
8 am – 8 pm,
Monday – Friday
(April 1 – Sept. 30)

call a trusted broker near you

If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users call 1-877-486-2048.

UCare is a PPO plan with a Medicare contract. Enrollment in UCare depends on contract renewal.

EssentiaCare

Essentia Health + UCare

UCare Duluth Office
325 West Central Entrance, Suite 200
Duluth, MN 55811

UCare Minneapolis Office
500 Stinson Blvd NE
Minneapolis, MN 55413

612-676-6640 | 1-877-671-1061 | TTY 1-800-688-2534

ucare.org/essentiacare