

2012 Summary of Benefits



UCare's Minnesota
Senior Health Options
(MSHO) (HMO SNP)

(H2456)

Attention. If you want free help translating this information, call UCare at 612-676-3200 or toll free at 1-800-203-7225.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການເປີດອ້ອວຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງ ໂທລະຕາມເລກໂທລະສັບຊ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

LT3-0000-5E1
(80-1) 6000-5E1

This information is available in other forms to people with disabilities by calling: 612-676-3200 (voice) or toll free at 1-800-203-7225 (voice), 612-676-6810 (TTY) or toll free at 1-800-688-2534 (TTY); or through the Minnesota Relay at 711 or toll free direct access at 1-800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over), or 1-877-627-3848 (speech to speech relay service).

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

UCare's MSHO has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until December 31, 2014. NCQA's approval is based on a review of UCare's MSHO's Model of Care and is an indicator of compliance with CMS requirements. NCQA's approval is not an endorsement by CMS and/or NCQA of UCare's MSHO or the quality of service provided by UCare's MSHO. UCare's MSHO will still need to be approved each year by CMS in order to operate. If you have questions regarding our approval by the NCQA, please contact us at 612-676-6868 or 1-866-280-7202 (toll free), 8 a.m. to 8 p.m., daily. TTY: 612-676-6810 or 1-800-688-2534 (toll free).

Introduction to the Summary of Benefits for UCare's Minnesota Senior Health Options (HMO SNP)

January 1, 2012 – December 31, 2012

Minneapolis, St. Paul, and Greater Minnesota Area

Thank you for your interest in UCare's Minnesota Senior Health Options (UCare's MSHO) (HMO SNP). Our plan is offered by UCare Minnesota, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost-sharing in this *Summary of Benefits* is based on your level of Medicaid eligibility.

Please call UCare's MSHO (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This *Summary of Benefits* tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call UCare's MSHO (HMO SNP) and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE.

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (Fee-for-Service) Medicare Plan. Another option is a Medicare health plan, like UCare's MSHO (HMO SNP). You may have other options, too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible), you may join or leave a plan at any time.

Please call UCare's MSHO (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, seven days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare UCare's MSHO (HMO SNP) with Original Medicare and Medicaid using this *Summary of Benefits*. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what Original Medicare and Medicaid cover.

Our members receive all of the benefits that Original Medicare Plan and Medicaid offer. We also offer more benefits, which may change from year to year.

WHERE IS UCARE'S MSHO (HMO SNP) AVAILABLE?

The service area for this plan includes: Aitkin, Anoka, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Hennepin, Houston, Isanti, Jackson, Kandiyohi, Kittson, Lac qui Parle, Le Sueur, Lincoln, Lyon, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Winona, Wright, and Yellow Medicine counties, MN. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN UCARE'S MSHO (HMO SNP)?

You can join UCare's MSHO (HMO SNP) if you:

- Are age 65 or over;
- Are entitled to Medicare Part A and enrolled in Medicare Part B;
- Receive Medical Assistance (Medicaid) from the state; and
- Live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in UCare's MSHO (HMO SNP) unless they are members of our organization and have been since their dialysis began.

Please call the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

UCare's MSHO (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory. For an updated list, visit us at www.ucare.org. Our Customer Services number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor the Original Medicare Plan will pay for these services except in limited situations (for example, emergency care).

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

UCare's MSHO (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

UCare's MSHO (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.ucare.org. Our Customer Services number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

UCare's MSHO (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at www.ucare.org.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You currently get or may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see www.medicare.gov or “Programs for People with Limited Income and Resources” in the publication *Medicare & You*.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office. Department of Human Services at (651) 431-2670 (Twin Cities metro area) or (800) 657-3739 (outside Twin Cities metro area). TTY users should call (800) 627-3529 or 711.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of UCare's MSHO (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the *Evidence of Coverage* (EOC) for the QIO contact information.

As a member of UCare's MSHO (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we

deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the *Evidence of Coverage* (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact UCare's MSHO (HMO SNP) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact UCare's MSHO (HMO SNP) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have End-Stage Renal Disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health & Drug Plans," then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our Customer Services number is listed below.

Please call UCare for more information about UCare’s MSHO (HMO SNP).

Visit us at www.ucare.org, or call us.

Customer Services Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday, 8 a.m. - 8 p.m. Central.

Current members should call toll-free (866)-280-7202 for questions related to the Medicare Advantage Program and Medicare Part D Prescription Drug Program. (TTY/TDD (800) 688-2534).

Prospective members should call toll-free (800) 707-1711 for questions related to the Medicare Advantage Program and Medicare Part D Prescription Drug Program. (TTY/TDD (800) 688-2534).

Current members should call locally (612) 676-6868 for questions related to the Medicare Advantage Program and Medicare Part D Prescription Drug Program. (TTY/TDD (612) 676-6810).

Prospective members should call locally (612) 676-3554 for questions related to the Medicare Advantage Program and Medicare Part D Prescription Drug Program. (TTY/TDD (612) 676-6810).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week.

Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print, or other alternate formats.

This document may be available in non-English language. For additional information, call Customer Services at the number listed above.

SUMMARY OF BENEFITS

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
IMPORTANT INFORMATION		
<p>1 - Premium and Other Important Information</p>	<p>In 2012 the monthly Part B Premium is \$0 and the annual Part B deductible amount is \$0.</p> <p>Depending on your level of Medicaid eligibility, you may have a deductible on Medicaid-only covered services.</p>	<p>General</p> <p>Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services.</p> <p>Depending on your level of Medicaid eligibility, you may have a deductible on Medicaid-only covered services.</p> <p>Please consult with your plan about cost-sharing when receiving services from out-of-network providers.</p> <p>\$0 monthly plan premium.</p> <p>In-Network</p> <p>\$0 annual deductible.</p> <p>\$6,700 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost-sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p>
<p>2 - Doctor and Hospital Choice</p> <p>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>If you are enrolled in Original Medicare, you may go to any doctor, specialist, other health care provider, and hospital that accepts Medicare.</p> <p>If you are enrolled in Fee-for-Service Medical Assistance (Medicaid), you may go to any doctor, specialist, other health care provider, and hospital.</p> <p>If you are enrolled in a Medical Assistance Managed Care Plan, in most cases, you must go to network doctors, specialists, other health care providers, and hospitals.</p>	<p>In-Network</p> <p>In most cases, you must go to network doctors, specialists, other health care providers, and hospitals.</p> <p>No referral required for network health care providers, doctors, specialists, and hospitals.</p>

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
SUMMARY OF BENEFITS INPATIENT CARE		
<p>3 - Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services.)</p>	<p>You will not be charged additional cost-sharing for professional services.</p> <p>\$0 annual deductible.</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p>	<p>In-Network</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>\$0 annual deductible.</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p>
<p>4 - Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>\$0 annual deductible.</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p>	<p>In-Network</p> <p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care”).</p> <p>\$0 annual deductible.</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p>
<p>5 - Skilled Nursing Facility (SNF) (In a Medicare-Certified Skilled Nursing Facility.)</p>	<p>After at least a three-day covered hospital stay (no prior hospital stay is required for Medicaid-covered nursing facility stays):</p> <p>\$0 annual deductible.</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p> <p>100-day limit per benefit period for the Medicare Part A benefit. After that, Medicaid provides coverage.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>No prior hospital stay is required.</p> <p>\$0 annual deductible.</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p> <p>The plan covers up to 100 days each Medicare Part A benefit period. For Medicaid-covered stays, the plan covers up to 180 days of nursing facility room and board. After that, Medical Assistance provides coverage.</p> <p>You will not be charged additional cost-sharing for professional services.</p>

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
6 - Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)	\$0 copay for Medicare- or Medicaid-covered services.	In-Network \$0 copay for Medicare- or Medicaid-covered services.
7 - Hospice	You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.
OUTPATIENT CARE		
8 - Doctor Office Visits	<p>\$0 copay for Medicare- or Medicaid-covered primary care doctor visits.</p> <p>\$0 copay for Medicare- or Medicaid-covered in-area, network urgent care visits.</p> <p>\$0 copay for Medicare- or Medicaid-covered specialist doctor visits.</p>	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered primary care doctor visits.</p> <p>\$0 copay for Medicare- or Medicaid-covered in-area, network urgent care visit.</p> <p>\$0 copay for Medicare- or Medicaid-covered specialist doctor visits.</p>
9 - Chiropractic Services	<p>Supplemental routine care not covered.</p> <p>\$0 copay for Medicare- or Medicaid-covered services for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>\$3 copay for Medicaid-covered X-rays when needed to get a diagnosis of subluxation of the spine.</p>	<p>In-Network</p> <p>Supplemental routine care not covered.</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p> <p>Chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>Medicaid-covered X-rays are for a diagnosis of subluxation of the spine.</p>

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
10 - Podiatry Services	<p>Supplemental routine care not covered.</p> <p>\$0 copay for Medicare- or Medicaid-covered services for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p> <p>Podiatry benefits are for medically necessary foot care.</p>
11 - Outpatient Mental Health Care	<p>\$0 copay for most outpatient mental health Medicare- or Medicaid-covered mental health services.</p> <p>\$0 copay for each Medicare- or Medicaid-covered service you get from a qualified professional as part of a Partial Hospitalization Program.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered mental health visits.</p> <p>\$0 copay for Medicare- or Medicaid-covered visit with a psychiatrist.</p> <p>\$0 copay for Medicare- or Medicaid-covered partial hospitalization program services.</p>
12 - Outpatient Substance Abuse Care	<p>\$0 copay for Medicare- or Medicaid-covered services.</p>	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p>
13 - Outpatient Services/ Surgery	<p>\$0 copay for Medicare- or Medicaid-covered doctor services.</p> <p>\$0 copay for Medicare- or Medicaid-covered ambulatory surgical center facility services.</p>	<p>In-Network</p> <p>\$0 copay for each Medicare- or Medicaid-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare- or Medicaid-covered outpatient hospital facility visit.</p>
14 - Ambulance Services (Medically necessary ambulance services.)	<p>\$0 copay for Medicare- or Medicaid-covered services.</p>	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p>

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
<p>15 - Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>\$0 copay for Medicare- or Medicaid-covered doctor services.</p> <p>\$0 copay for Medicare- or Medicaid-covered hospital facility emergency services.</p> <p>\$3.50 copay for a Medicaid-covered emergency room visit when it is not an emergency.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$0 copay for Medicare- or Medicaid-covered emergency room visits.</p> <p>NOT covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>If you are admitted to the hospital within three days for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>\$0 copay for Medicare- or Medicaid-covered services.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>
<p>17 - Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>\$0 copay for Medicare- or Medicaid-covered services.</p>	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
<p>18 - Durable Medical Equipment</p> <p>(Includes wheelchairs, oxygen, etc.)</p>	<p>\$0 copay for Medicare- or Medicaid-covered items.</p>	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered items.</p>
<p>19 - Prosthetic Devices</p> <p>(Includes braces, artificial limbs, and eyes, etc.)</p>	<p>\$0 copay for Medicare- or Medicaid-covered items.</p>	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered items.</p>

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
20 - Diabetes Programs and Supplies	<p>\$0 copay for Medicare- or Medicaid-covered diabetes self-management training.</p> <p>\$0 copay for Medicare- or Medicaid-covered diabetes supplies.</p> <p>\$0 copay for Medicare- or Medicaid-covered diabetic therapeutic shoes or inserts.</p>	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered diabetes self-management training.</p> <p>\$0 copay for Medicare- or Medicaid-covered diabetes monitoring supplies.</p> <p>\$0 copay for Medicare- or Medicaid-covered therapeutic shoes or inserts.</p>
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>\$0 copay for Medicare- or Medicaid-covered:</p> <ul style="list-style-type: none"> • Lab services. • Diagnostic procedures and tests. • X-rays. • Diagnostic radiology services (not including X-rays). • Therapeutic radiology services. <p>\$0 copay for the digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered:</p> <ul style="list-style-type: none"> • Lab services. • Diagnostic procedures and tests. • X-rays. • Diagnostic radiology services (not including X-rays). • Therapeutic radiology services.
22 - Cardiac and Pulmonary Rehabilitation Services	<p>\$0 copay for Medicare- or Medicaid-covered Cardiac Rehabilitation services.</p> <p>\$0 copay for Medicare- or Medicaid-covered Pulmonary Rehabilitation services.</p> <p>\$0 copay for Medicare- or Medicaid-covered Intensive Cardiac Rehabilitation services.</p> <p>This applies to program services provided in a doctor's office. Specified cost-sharing for program services provided by hospital outpatient departments.</p>	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered services:</p> <ul style="list-style-type: none"> • Cardiac Rehabilitation. • Intensive Cardiac Rehabilitation. • Pulmonary Rehabilitation.

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
PREVENTIVE SERVICES		
23 - Preventive Services and Wellness/Education Programs	<p>\$0 copay for Medicare- or Medicaid-covered for the following:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening. • Bone Mass Measurement. • Cardiovascular Screening. • Cervical and Vaginal Cancer Screening. • Colorectal Cancer Screening. • Diabetes Screening. • Influenza Vaccine. • Hepatitis B Vaccine for people with Medicare who are at risk. • HIV Screening. • Breast Cancer Screening (Mammogram). • Medical Nutrition Therapy Services. • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only). • Smoking Cessation (counseling to stop smoking). 	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening. • Bone Mass Measurement. • Cardiovascular Screening. • Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam). • Colorectal Cancer Screening. • Diabetes Screening. • Influenza Vaccine. • Hepatitis B Vaccine. • HIV Screening. • Breast Cancer Screening (Mammogram). • Medical Nutrition Therapy Services. • Personalized Prevention Plan Services (Annual Wellness Visits). • Pneumococcal Vaccine. • Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only). • Smoking Cessation (counseling to stop smoking). • Welcome to Medicare Physical Exam (Initial Preventive Physical Exam).

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
		<p>HIV screening is Medicare- or Medicaid-covered for people who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <p>The plan covers the following supplemental education/ wellness programs:</p> <ul style="list-style-type: none"> • Written Health Education Materials, including Newsletters. • Additional Smoking Cessation. • Health Club Membership/Fitness Classes. • Nursing Hotline.
24 - Kidney Disease and Conditions	<p>\$0 copay for Medicare- or Medicaid-covered renal dialysis.</p> <p>\$0 copay for Medicare- or Medicaid-covered kidney disease education services.</p>	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered renal dialysis.</p> <p>\$0 copay for Medicare- or Medicaid-covered kidney disease education services.</p>

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
25 - Outpatient Prescription Drugs	<p>Medicare</p> <p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p> <p>Medicaid</p> <p>\$3 copay for Medicaid-covered brand-name drugs.</p> <p>\$1 copay for Medicaid-covered generic drugs.</p> <p>The most a member pays in copays for Medicaid-covered drugs is \$12 per month. Copays will not be charged for some Medicaid-covered mental health drugs and most family planning drugs.</p> <p>Medicaid does not cover Medicare Part D drugs.</p>	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>\$0 annual deductible for Part B-covered drugs.</p> <p>\$0 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Home Infusion Drugs, Supplies, and Services.</p> <p>\$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.ucare.org on the web.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> • Have limited incomes, • Live in long-term care facilities, or • Have access to Indian/Tribal/Urban (Indian Health Service) providers.

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
		<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan service area (for instance, when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before we will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from us for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan web site, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
		<p>In-Network</p> <p>You pay a \$0 annual deductible.</p> <p>Initial Coverage</p> <p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$1.10 copay; or • A \$2.60 copay. <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$3.30 copay; or • A \$6.50 copay. <p>Retail Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • One-month (30-day) supply. • Three-month (90-day) supply. <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>Long-Term Care Pharmacy</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> • One-month (31-day) supply.

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
		<p>Mail Order</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> • Three-month (90-day) supply. <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>Catastrophic Coverage</p> <p>You pay a \$0 copay.</p> <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from UCare's MSHO (HMO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> • One-month (29-day) supply.

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
		<p>Out-of-Network Initial Coverage</p> <p>Depending on your income and institutional status, you will be reimbursed by UCare's MSHO (HMO SNP) up to the full cost of the drug, minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$1.10 copay; or • A \$2.60 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> • A \$0 copay; or • A \$3.30 copay; or • A \$6.50 copay. <p>Out-of-Network Catastrophic Coverage</p> <p>You will be reimbursed in full for drugs purchased out-of-network.</p>
	<p>Medicaid-covered drugs</p> <p>Some drugs are excluded from Medicare Part D but are covered by your Medicaid benefit. These include some over-the-counter items, vitamins, cough and cold medicines, benzodiazepines, and barbiturates. These items, if covered, will have no copay.</p>	<p>Medicaid-covered drugs</p> <p>\$0 copay for Medicaid-covered drugs.</p> <p>For a complete list of Medicaid-covered drugs please call Customer Services at the number shown in the introduction or go to our web site at www.ucare.org.</p>

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
26 - Dental Services	\$0 copay for Medicare- or Medicaid-covered services.	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • Oral exams. • Cleanings. • Fluoride treatments. • Dental x-rays. <p>Plan offers additional comprehensive dental benefits.</p> <p>\$250 plan coverage limit for dental benefits every year.</p>
27 - Hearing Services	\$0 copay for Medicare- or Medicaid-covered services.	<p>In-Network</p> <p>\$0 copay for Medicare- or Medicaid-covered services.</p>
28 - Vision Services	<p>\$0 copay for Medicare- or Medicaid-covered eye exams.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$3 copay for Medicaid covered eyeglasses.</p> <p>Eyeglasses limited to one pair every 24 months under Medicaid unless medically necessary.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> • Medicare- or Medicaid-covered eye exams, • A pair of eyeglasses, • A pair of eyeglasses or contact lenses after each cataract surgery, or • Contact lenses for certain conditions when eyeglasses will not work. <p>Eyeglasses limited to one pair every 24 months under Medicaid unless medically necessary.</p> <p>Annual glaucoma screenings covered for people at risk.</p>
Over-the-Counter Items	<p>\$0 copay for Medicaid-covered items.</p> <p>Not covered by Medicare.</p>	\$0 copay for Medicaid-covered items.

Benefit Category	Original Medicare & Medical Assistance (Medicaid*)	UCare's MSHO (HMO SNP)
Transportation (Routine)	\$0 copay for Medicaid-covered services. Not covered under Medicare.	In-Network \$0 copay for Medicaid-covered services.
Acupuncture	\$3 copay for Medicaid-covered services for chronic pain in limited circumstances. Not covered under Medicare.	In-Network \$0 copay for Medicaid-covered services for chronic pain in limited circumstances.

See page 24 for information about some important Medical Assistance benefits.

Additional information about your UCare's MSHO (HMO SNP) benefits

This section highlights specific benefits to give you a better understanding of the coverage. UCare's MSHO provides health care coverage to seniors. It coordinates your Medicare and Medical Assistance benefits. Your doctor, hospital, nursing home care, prescriptions, and other care are brought together under one plan.

As a member of UCare's MSHO, you receive health care that starts with...

Choice. When you enroll in UCare's MSHO, you're asked to choose a main clinic, called a primary care clinic, where you receive your health care. You can see any doctor, or primary care physician (PCP), at the clinic for your care. Your PCP may already be in our contracted network.

If you need to see a specialist, you can see any specialist in the network on your own. You do not need a referral from your PCP. To see a doctor or specialist who is not in UCare's network, you or your PCP must obtain a service authorization from UCare in order for those services to be covered. This means that UCare will pay the cost of those services.

Rides. UCare's Health Ride provides rides to medical appointments for eligible UCare's MSHO members who have no other means of transportation. You can have a ride to eligible covered services, or request a bus pass. Rides need to be to places where you have an appointment with a doctor or other health care professional in UCare's network. Examples of eligible rides include visits to your primary care physician, chiropractor, eye care doctor, dentist, podiatrist, psychiatrist, physical therapist, or mental health specialist, or for chemical dependency treatment. You can also get a ride to your pharmacy to pick up prescriptions. Bus passes are available in the Minneapolis/St. Paul metro area, St. Cloud, Duluth, and in greater St. Louis County. Emergency rides are available 24 hours a day, seven days a week.

Wellness. UCare wants to help you get on the path to better health. We offer our UCare's MSHO members a complete menu of programs to help you live the healthiest life possible.

UCare's extra Medicare health and wellness education programs include:

- **ActiveU Fitness Program:** Get a **free** monthly membership at a participating YMCA of your choice.
- **Strong & Stable Kit:** This kit is designed to help you improve your fitness level, increase your balance, prevent falls, and make your home safer. Tools include a 15-minute DVD with home safety tips and exercises, bathtub grips, a night light, and a medication box.
- **Mayo Clinic Tobacco Quitline (MCTQ):** Get help quitting smoking or chewing tobacco at no charge. MCTQ provides phone counseling and nicotine replacements, including patches, gum, or lozenges as needed.

UCare's extra Medicaid health and wellness education programs include:

- **Community Education discounts:** UCare members can get up to \$15 off the fee for most Community Education classes, including fitness and nutrition classes. (Classes less than \$15 are free of charge.) Members should check out their local Community Education Catalog for class schedules, locations, and times, or contact their local school district.
- **Mammogram Reward Program:** UCare rewards eligible members ages 50 – 75 years with a \$25 gift card when they get a mammogram. No co-payment for the mammogram is required.

Dental care. Members of UCare’s MSHO enjoy the following dental benefits, provided under **UCare’s Dental Care for U** program:

- **Up to \$250 annually** is available for preventive and restorative dental services that are not covered by Medical Assistance (Medicaid). Members must receive these services from a dentist in UCare’s network. Certain limitations and exclusions apply.
- Through **UCare’s See-A-Dentist GuaranteeSM**, you get a dental appointment with one phone call within 30 days for cleaning and routine check-ups. We also help schedule appointments for your more complex dental needs.
- Get treated aboard **UCare’s Mobile Dental Clinic** when it’s in your area. UCare’s “dentist’s office on wheels” is a specially designed, fully accessible vehicle that provides dental check-ups, cleanings, and simple restorative care to qualified UCare members.

Support. Members of UCare’s MSHO who need help managing certain chronic health conditions may qualify to participate in a number of disease management programs. These programs may include specialized tools and personalized health coaching to help you meet personal health goals and live the healthiest life possible.

Guidance. UCare works with a variety of health care providers to serve members who live at home or in a nursing home. When you enroll in UCare’s MSHO, you’re contacted by a care coordinator. A care coordinator is a person who develops, coordinates, and provides supports and services stated in the care plan. Your care coordinator can arrange services for you. Your care coordinator’s job is to help you understand your benefits, and get the most out of those benefits with the least amount of hassle and paperwork. Whether you’re at home, in the hospital, or in a nursing home, you’ll have one person to contact who understands you and your health care program, and makes it easier for you to receive the services you need.

You, your doctors, and others providing your care all work together with your care coordinator. Your care coordinator may arrange many services, depending on your needs. These services may include:

- Home health services.
- Personal care assistance.
- Medical care.
- Hospital care.
- Nursing home care.
- Specialist care.
- Customized living services.
- Adult day services.
- Caregiver training.
- Respite care.
- Companion services.
- Adult foster care.
- Interpreter services.
- Home-delivered meals.

- Supplies and equipment.
- Transportation to health care services.
- Emergency response system.
- Home-modification services.
- Other home and community-based services.

Home care. In addition, UCare’s MSHO can help you receive your medical services if you want to stay in your home and active in your community.

- **Home and Community-Based Services (Elderly Waiver):** The Elderly Waiver (EW) program, for qualifying members age 65 and older, offers more services than regular Medical Assistance to people who want to stay at home. Services may include visits by a nurse, home care, homemaker, chore services, and more.
- **Lifeline Medical Alert Service:** This is a personal emergency response system for members living in their homes who do *not* have coverage under a Medicaid Elderly Waiver (EW) program. Members have access to fast, emergency help any time with the push of a button.

If you’re ***not*** a member of UCare’s MSHO, but would like to get more information about these or other UCare member benefits, please go to **www.ucare.org**, or contact:

UCare Sales

612-676-3554 or 1-800-707-1711 (toll free)
 TTY: 612-676-6810 or 1-800-688-2534 (toll free)
 8 a.m. to 8 p.m., Monday through Friday

If you ***are*** a current member of UCare’s MSHO, and would like more information on these or other UCare member benefits, please go to **www.ucare.org**, or contact:

UCare Customer Services

612-676-6868 or 1-866-280-7202 (toll free)
 TTY: 612-676-6810 or 1-800-688-2534 (toll free)
 8 a.m. to 8 p.m., daily

Additional resources for members of UCare’s MSHO:

Dental Care for U

www.dentalcareforu.org

See-A-Dentist Appointment Hotline

1-800-235-0564 (toll free)
 TTY: 1-800-466-7566 (toll free)
 Monday – Friday, 8 a.m. – 5 p.m.

Mobile Dental Clinic Appointments

1-866-451-1555 (toll free)
 TTY: 1-877-627-3848 (toll free)

Mayo Clinic Tobacco Quitline (MCTQ)

1-888-642-5566 (toll free)
 TTY: 1-866-257-2971 (toll free)
 Monday – Friday, 7 a.m. – 10 p.m.
 Saturday, 8 a.m. – 5 p.m.

Medical Assistance (Medicaid*) Benefits

Many of the services that are covered by Medical Assistance (Medicaid) are also covered by Medicare through your Medicare Advantage SNP. These services are not listed below. Only the services that are not covered by Medicare are shown.

The chart below compares some important benefits covered by Medical Assistance* and/or our plan.

Benefit Category	Medicaid (Medical Assistance)*	UCare's MSHO (HMO SNP)
Care Coordination	Not covered.	In-Network \$0 copay for Medicaid-covered services.
Home and Community-Based Services Additional services that are provided to help you remain in your home.	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
Interpreter Services Interpreter services are available to help you get covered services. Oral interpretation is available for any language. <ul style="list-style-type: none"> • Spoken language interpreter services. • Hearing interpreter services. 	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
Personal Care Assistant Services	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
Over-the-Counter Items	\$0 copay for Medicaid-covered items.	\$0 copay for Medicaid-covered items.
Transportation (Routine)	\$0 copay for Medicaid-covered services.	In-Network \$0 copay for Medicaid-covered services.
Acupuncture	\$3 copay for Medicaid-covered services for chronic pain in limited circumstances.	In-Network \$0 copay for Medicaid-covered services for chronic pain in limited circumstances.

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1-866-280-7202 (toll free)

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