

A guide to comparing your options . . .



UCare for Seniors Value (HMO-POS)

UCare for Seniors Value Plus (HMO-POS)

UCare for Seniors Classic (HMO-POS)

Wisconsin

2010

Table of Contents

Contact information.....	2
Thank you for requesting information on <i>UCare for Seniors</i>	2
Why join <i>UCare for Seniors</i> ?.....	3
Service area.....	3
Three comprehensive coverage options	4
Answers to frequently asked questions	5-7
• How long has <i>UCare</i> been providing health coverage?	
• How is <i>UCare for Seniors</i> different from a Medicare supplement?	
• Do I lose Medicare when I join your plan?	
• Am I eligible to enroll? What if I have some health problems?	
• Is my doctor in your network? Can I change my clinic at any time?	
• Do I have coverage when I am traveling?	
• What is the Medicare prescription drug coverage provided with the Value Plus and Classic Plan options?	
• What prescriptions can I fill through your mail order pharmacy service?	
• What extra benefits do I get with the Classic Plan?	
• Once I am a member, what services can I do online?	
<i>UCare for Seniors</i> Value, Value Plus, and Classic Plan	
Monthly plan premiums and benefits comparison	8-22
• Preventive Health Care	
• Outpatient Care	
• Mental Health and Substance Abuse Care	
• Inpatient Care	
• Worldwide Emergency Care and Urgently Needed Care	
• Point-of-Service Benefit (Out-of-network non-urgent or non-emergency services)	
• Prescription Drugs	
• Diabetes Self-monitoring Training and Supplies	
• Vision Services	
• Hearing Services	
• Dental Services	
• Skilled Nursing Facility Care	
• Home Health Care	
• Hospice	
• Fitness Programs	
• Resources to Stop Using Tobacco	
• Health Connection Nurse Line	
• Out-of-Pocket Maximum	
Enrolling in <i>UCare for Seniors</i>	21-23
• When can I join, change, or leave Medicare health plans?	
• How do I enroll?	
• How do I pay for the plan?	
Value-added programs.....	23
Other Medicare programs for which you may be eligible	24
Services and supplies not covered by <i>UCare for Seniors</i>	24-25

Contact information

While we tried to cover everything in this booklet, we realize that you may have additional questions. Please do not hesitate to give us a call at the numbers listed below.

In addition, this document is available in alternative formats (e.g. large print).

UCare's Sales Department	612-676-3500 1-877-523-1518 toll free
UCare's Customer Services Department representatives are available to assist members from 8 a.m. to 8 p.m., seven days a week.	612-676-3600 1-877-523-1515 toll free
If you are hearing impaired, please use UCare's Sales and Customer Services TTY line.	TTY 612-676-6810 TTY 1-800-688-2534 toll free
Medicare – available 24 hours per day, 7 days per week.	1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048)

Thank you for requesting information on *UCare for Seniors*

UCare for Seniors gives you value for your money by providing affordable health coverage, generous benefits, freedom of choice, and peace of mind. *UCare for Seniors* truly puts you first. Our number one concern is your health and the quality of care you receive.

Why join *UCare for Seniors*?

With *UCare for Seniors*, you get the coverage you need along with:

- **Freedom of choice.** With three levels of coverage, you can choose the option that fits your needs and your budget. We offer coverage for prescription drugs, eyeglasses, dental care, and no co-pays for primary care doctor office visits.
- **Simplicity.** Once you join, there is virtually no paperwork. Having your health coverage coordinated in one package also makes it easy for you.
- **Access.** Our provider network includes over 6,620 physicians, 14,106 specialists, and 213 hospitals. Even when you travel, you maintain excellent coverage.
- **Peace of mind.** You can rest assured that you have great coverage, no matter which plan you choose.
- **Satisfaction.** We work hard to keep our members satisfied. In 2008, our members rated *UCare's* Medicare Advantage plan as a 9 out of 10 for Overall Rating of Health Plan. This 2009 Consumer Assessment of Health Care Providers and Systems (CAHPS) score is higher than the national average.

Service area

Our **Wisconsin service area** includes the following counties: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Iowa, Jackson, Juneau, La Crosse, Monroe, Pierce, Pepin, Polk, Richland, Sauk, Sawyer, St. Croix, Trempealeau, Vernon, and Washburn.

Three comprehensive coverage options

Everyone has different health care needs. *UCare for Seniors* provides you with a choice of three different levels of coverage:

- *UCare for Seniors* Value (HMO-POS) Plan

- ▶ \$51 per month

This plan is our most affordable coverage. This option provides comprehensive coverage both at the doctor's office and in the hospital (some co-pays apply). It also includes preventive health care services such as routine physical exams, eye exams, hearing tests, immunizations, worldwide emergency care and urgently needed care, and more (some co-pays apply). This option does not include Medicare Prescription Drug Coverage (known as Medicare Part D).

Please note: You cannot be a member of the Value plan and a stand-alone Medicare Part D prescription drug plan at the same time. If you want comprehensive medical coverage and prescription drug coverage, choose either the Value Plus or Classic plans. If you enroll in the Value plan and already have a stand-alone Part D plan, you will be disenrolled from the stand-alone plan and will not have Part D coverage.

- *UCare for Seniors* Value Plus (HMO-POS) Plan

- ▶ \$61.50 per month

This plan provides the same comprehensive coverage as the Value plan, plus it includes Medicare prescription drug coverage (known as Medicare Part D).

- *UCare for Seniors* Classic (HMO-POS) Plan

- ▶ \$128 per month

This plan includes all of the coverage provided in the Value and Value Plus plans (with lower co-pays), plus additional benefits including preventive dental (with the option to add more dental coverage), eyewear coverage, and a hearing aid benefit. This option includes Medicare prescription drug coverage (known as Medicare Part D) with generic drug coverage through the coverage gap (with co-pays).

Please note: UCare contracts with the federal government to administer both Medicare Part A and Part B, and UCare provides additional benefits, all in one coordinated package.

For more complete details on the various benefit options, please refer to our benefits comparison beginning on page 8.

Answers to frequently asked questions

How long has UCare been providing health coverage?

Located in Minneapolis, Minnesota, UCare was founded by the Department of Family Practice and Community Health at the University of Minnesota Medical School. UCare is an independent, non-profit health plan with more than 170,000 members across Minnesota and western Wisconsin and is celebrating 25 years of serving the health care needs of our community.

Our mission is “to improve the health of our members through innovative services and partnerships across communities.” We take our mission seriously. We work hard to provide programs that help our members live healthier lives.

How is UCare for Seniors different from a Medicare supplement?

With a Medicare supplement, the bill you receive from your provider is first sent to Medicare to pay according to their schedule of coverage, then your supplement pays after that. In contrast, *UCare for Seniors* is a Medicare Advantage plan that contracts with the federal government to administer Medicare Part A and Part B, and the additional benefits included in our plan – all in one coordinated package. This means you do not have to deal with Medicare’s co-pays and deductibles, only the co-pays with our plan. Aside from filling out your initial enrollment form, there is virtually no paperwork.

In addition, there is no upfront deductible that has to be met before coverage begins and there is no lifetime maximum. Also, for most services, there are no annual benefit limits (some benefits have specific limits as noted in the benefits comparison starting on page 8).

Do I lose Medicare when I join your plan?

No, in fact you must have Medicare Part A and Part B to join *UCare for Seniors*. However, because your *UCare for Seniors* membership covers your Medicare benefits, you will no longer use your Medicare card (even though you still have Medicare coverage). You will be issued a UCare member identification card that gives you access to the services and benefits provided.

Am I eligible to enroll? What if I have some health problems?

You are eligible to enroll if you:

- **Have Medicare Part A and Part B (by age or disability).** Please note, you must continue to pay your Medicare Part B premium (if not otherwise paid for under Medicaid or by another third party).
- **Reside in the *UCare for Seniors* service area.** See page 3 for the service area listing by county.
- **Do not have end stage renal disease (ESRD), in most cases.** If you develop ESRD after you become a member, you will continue to be covered by our plan.

There is no physical exam or other health screening required.

Is my doctor in your network? Can I change my clinic at any time?

UCare for Seniors has a large provider network. When you enroll in *UCare for Seniors*, you choose a primary care clinic. For a complete listing of primary care clinics, refer to the *UCare for Seniors* Provider Directory. Your primary care clinic is where you will go to receive most of your care. Within that clinic, you may see any physician. In addition, you may change your primary care clinic for any reason, at any time, by calling UCare’s Customer Services Department at the number on page 2. The change would become effective the first of the following month after we receive your request. **You may also see any specialist in the *UCare for Seniors* network on your own, without a referral.**

You must use network providers for routine care, except for emergency care, out-of-area renal dialysis, urgent care (and in-area urgent care when the *UCare for Seniors* network is temporarily unavailable), and Point-of-Service benefits (see page 12). Except for the benefits stated above, if you obtain routine care from an out-of-network provider, neither Medicare nor *UCare for Seniors* will be responsible for the costs.

Do I have coverage when I am traveling?

Yes, *UCare for Seniors* provides comprehensive coverage for our members who travel outside the service area. This includes:

Unlimited, worldwide emergency and urgently needed care coverage: *UCare for Seniors* covers emergency and urgently needed care worldwide with minimal co-pays. As soon as possible following your emergency, we suggest you call your primary care clinic to consult with your doctor. After hours, there is an on-call doctor available at your clinic.

Out-of-network, non-urgent, or non-emergency coverage: The Point-of-Service benefit provides the option of receiving routine, non-emergency physician and hospital services from Medicare providers outside the plan's provider network within the United States. There is no deductible and you do not need a referral from your primary care clinic.

With the Point-of-Service benefit, *UCare* will pay 80% of the costs of Medicare-approved services and you are required to pay 20%. The Point-of-Service benefit may not be used for chiropractic services, transplants, dental services, and/or outpatient prescription drugs.

Please note: *Emergency care and urgently needed care are not considered part of your Point-of-Service benefit. These services received at non-network providers will be covered according to the "emergency care and urgently needed care" coverage.*

Out-of-area renal dialysis: Paid in full.

Ambulance services: \$100 co-pay per Medicare-allowed ambulance trip within the United States. Includes fixed wing, rotary wing, and ground ambulance if transport and level of service are medically necessary.

When traveling, you can be out of the service area for up to six consecutive months. If you are out of the service area for longer than six consecutive months or change your residence and no longer live in the service area, Medicare requires that you disenroll from *UCare for Seniors*.

What is the Medicare prescription drug coverage provided with the Value Plus and Classic Plan options?

UCare for Seniors Value Plus and Classic are Medicare Advantage plans with prescription drug coverage that is approved by Medicare (known as Medicare Part D). *UCare's* Medicare Part D coverage is only available to *UCare for Seniors* Value Plus and Classic Plan members.

Value Plus and Classic:

Your co-pays for the first \$2,830 of your annual prescription drug costs are as follows and *UCare* pays the rest:

- No more than an \$8 co-pay per generic drug up to a 30-day supply (Tier 1).
- \$30 co-pay per preferred brand name drug up to a 30-day supply (Tier 2).
- \$60 co-pay per other brand name drug up to a 30-day supply (Tier 3).
- 25% co-insurance per specialty drug up to a 30-day supply (Tier 4).
- Only two co-pays for a 90-day supply of maintenance drugs through our mail order program and at network retail pharmacies that offer a 90-day supply.

Value Plus only:

Once you have reached \$2,830 in actual annual prescription drug costs, you pay 100% of the cost of your drugs until you have paid \$4,550 in out-of-pocket prescription drug costs. During this time, you will receive a discount from *UCare's* network pharmacies. You will pay the *UCare* negotiated price rather than the retail price.

Classic only:

Once you have reached \$2,830 in actual annual prescription drug costs, you pay the following co-pays for generic drugs:

- No more than an \$8 co-pay per generic drug up to a 30-day supply.
- Only two co-pays for a 90-day supply of maintenance drugs through our mail order program and at network retail pharmacies that offer a 90-day supply.

During this time you pay 100% of the cost of brand-name drugs until you have paid \$4,550 in out-of-pocket prescription drug costs. You will receive a discount for brand name drugs from network pharmacies, paying UCare's negotiated price rather than the retail price.

Value Plus and Classic:

Once you have reached \$4,550 in annual out-of-pocket prescription drug costs, you pay the greater of:

- A \$2.50 co-pay or 5% co-insurance on generic drugs.
- A \$6.30 co-pay or 5% co-insurance on brand name drugs.

UCare for Seniors Value Plus and Classic Plans will cover the rest.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048 (24 hours per day, 7 days per week). Or, you can call 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. You may also call your State Medicaid Office.

In most cases, your prescriptions are covered under *UCare for Seniors* only if they are filled at a network pharmacy or through our mail order pharmacy service. Under emergency circumstances, benefits may be obtained out-of-network. A network pharmacy is a pharmacy where plan members obtain prescription drug benefits provided by *UCare for Seniors*. The network includes retail, mail order, home infusion, long-term care, and Indian Health Service/Tribal/Urban Indian Health Program pharmacies. To obtain a list of our network pharmacies or for more detailed information about mail order or the *UCare for Seniors* Value Plus and Classic prescription drug coverage, please call UCare's Sales Department at the number on page 2, visit our web site at www.ucare.org, or request it by mail at UCare, P.O. Box 52, Minneapolis, MN 55440-0052.

What prescriptions can I fill through your mail order pharmacy service?

With *UCare for Seniors*, you have the opportunity to get your drugs by mail order from Express Scripts. You can use the mail order service to fill prescriptions of what we call "maintenance drugs." These are drugs that you take on a regular basis, for chronic or long-term medical conditions. When you become a member, you will need to complete a patient profile form with your first order. Refill requests can be made over the phone or through the mail.

Some pharmacies listed in our Pharmacy Directory are shown as 90-day pharmacies and are marked with an asterisk(*). You may use these pharmacies to obtain an extended supply (90-days) of maintenance drugs for two co-pays.

What extra benefits do I get with the Classic Plan?

In addition to lower co-pays, the Classic Plan includes preventive dental (see page 16) and some coverage for eyeglasses (see page 15) and hearing aids (see page 16). The Classic plan also includes generic prescription drug coverage through the coverage gap with co-pays.

Once I am a member, what services can I do online?

As a *UCare for Seniors* member, you are able to check your individual claims, access eligibility and benefits information, and order new member ID cards online at www.ucare.org. You can also search for network providers, dentists, and pharmacies.

UCare for Seniors Value, Value Plus, and Classic Plan

Monthly plan premiums and benefits comparison

The chart starting on page 9 will help you understand the many benefits that *UCare for Seniors* provides. Our members receive all of the benefits that the Original Medicare plan offers and more! Use this chart to compare *UCare for Seniors* to your present health coverage. In the end, you will discover that *UCare for Seniors* truly offers value for your health care dollar.

UCare Wisconsin, Inc. is a Medicare Advantage organization with a Medicare contract. This contract is renewed annually and the availability of coverage beyond the current contract year is not guaranteed. This does not mean that you have to renew your coverage annually and does not mean that we can

cancel your coverage based on your health history (strictly prohibited).

The benefit packages and member premium described on these pages are subject to change annually. Medicare oversees UCare which is similar to the oversight of Medicare Supplements and Medicare Select Plans provided by the Wisconsin Department of Commerce. In either case, both Medicare and the State of Wisconsin have plans in place to ensure that beneficiaries are protected.

For full information on our benefits, call the *UCare for Seniors* Sales Department at the number on page 2.

Monthly Plan Premiums

Value	Value Plus	Classic
\$51/month	\$61.50/month	\$128/month

TYPES OF HEALTH CARE SERVICES

For plan premiums, see chart on page 8.

You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third party.

	Value and Value Plus	Classic
Preventive Health Care		
<ul style="list-style-type: none"> • Routine physical exams, one per calendar year 	Paid in full	Paid in full
<ul style="list-style-type: none"> • Immunizations –Flu and pneumonia vaccines. In addition, Hepatitis B vaccine (for people at risk) 	Paid in full	Paid in full
<ul style="list-style-type: none"> • Mammogram screening (for women age 40 and older; and one baseline mammogram between the ages of 35-39), pap smears and pelvic exams, one prostate cancer screening exam (for men age 50 and older) per calendar year 	Paid in full	Paid in full
<ul style="list-style-type: none"> • Bone mass measurement (for people at risk) 	Paid in full	Paid in full
<ul style="list-style-type: none"> • Colonoscopy (for people at risk – every 24 months) 	Paid in full	Paid in full
<ul style="list-style-type: none"> • Cardiovascular disease testing (every 5 years) 	Paid in full	Paid in full
<ul style="list-style-type: none"> • Diabetes screening test (for people at risk) 	Paid in full	Paid in full
Outpatient Care		
Physician Services		
<ul style="list-style-type: none"> • Doctor office visits (with your primary care physician) 	\$0 co-pay for primary care visits	\$0 co-pay for primary care visits
<ul style="list-style-type: none"> • Specialist office visits (i.e. cardiologist) <ul style="list-style-type: none"> – Second opinion by another network provider prior to surgery. 	\$30 co-pay per visit	\$15 co-pay per visit
<ul style="list-style-type: none"> • Outpatient surgery (includes services provided at ambulatory surgical centers) 	\$200 co-pay per visit	\$100 co-pay per visit

TYPES OF HEALTH CARE SERVICES

For plan premiums, see chart on page 8.

You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third party.

	Value and Value Plus	Classic
<ul style="list-style-type: none"> • Diagnostic tests, X-rays, and lab services 	<p>\$25 per procedure type</p> <p>For blood work, only one co-pay is charged if multiple tests are run on your blood at the same provider on the same day.</p>	Paid in full
Other Supplies and Services		
<ul style="list-style-type: none"> • Physical therapy or speech-language pathology • Occupational therapy • Prosthetic devices (i.e. braces, artificial limbs and eyes, and colostomy bags and supplies). • Chiropractic services - covers visits for manual manipulation of the spine to correct subluxation. Must use a network provider to receive this benefit. • Durable medical equipment (i.e. oxygen equipment, wheelchairs, nebulizers, hospital beds). • Podiatry services <ul style="list-style-type: none"> – Treatment of injuries and disease of the feet (i.e. hammer toe, heel spurs). – Routine foot care for members with certain medical conditions affecting the lower limbs. • Ambulance services (includes fixed wing, rotary wing, and ground ambulance if transport and level of service are medically necessary, within the United States). 	<p>\$30 co-pay per visit</p> <p>Paid in full</p> <p>20% coinsurance</p> <p>Paid in full</p> <p>20% coinsurance</p> <p>\$30 co-pay per visit</p> <p>\$100 co-pay per Medicare-allowed ambulance trip</p>	<p>\$15 co-pay per visit</p> <p>Paid in full</p> <p>10% coinsurance</p> <p>Paid in full</p> <p>20% coinsurance</p> <p>\$15 co-pay per visit</p> <p>\$100 co-pay per Medicare-allowed ambulance trip</p>

TYPES OF HEALTH CARE SERVICES

For plan premiums, see chart on page 8.

You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third party.

	Value and Value Plus	Classic
Mental Health and Substance Abuse Care		
<ul style="list-style-type: none"> • Inpatient mental health care • Outpatient mental health care • Outpatient substance abuse care • Inpatient substance abuse care 	<p>100% after a \$300 co-pay per inpatient admission. However, there is a 190-day lifetime limit in a psychiatric hospital.</p> <p>\$30 co-pay per visit</p> <p>\$25 co-pay per visit</p> <p>100% after a \$300 co-pay per inpatient admission.</p>	<p>100% after a \$150 co-pay per inpatient admission. However, there is a 190-day lifetime limit in a psychiatric hospital.</p> <p>\$15 co-pay per visit</p> <p>Paid in full</p> <p>100% after a \$150 co-pay per inpatient admission.</p>
Inpatient Care		
<ul style="list-style-type: none"> • Semiprivate room, meals, special diets (Private rooms are covered if medically necessary or if semi-private rooms are not available.) • Operating room, special care units • Nursing services • Drugs furnished while in the hospital • Laboratory tests • X-ray tests and other radiology services • Necessary medical supplies and use of appliances • Inpatient physician and surgical services 	<p>100% after \$300 co-pay per inpatient admission.</p>	<p>100% after \$150 co-pay per inpatient admission.</p>
Worldwide Emergency Care and Urgently Needed Care		
<p>Emergency care – inside and outside the service area</p> <p>Urgently needed care – inside and outside the service area</p>	<p>\$50 co-pay Co-pay is waived if member is admitted to the hospital within 24 hours for the same condition.</p> <p>\$25 co-pay per visit</p>	<p>\$50 co-pay Co-pay is waived if member is admitted to the hospital within 24 hours for the same condition.</p> <p>\$20 co-pay per visit</p>

TYPES OF HEALTH CARE SERVICES

For plan premiums, see chart on page 8.

You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third party.

	Value and Value Plus	Classic
Point-of-Service Benefit (Out-of-network non-urgent or non-emergency services)		
<p>Services obtained outside the <i>UCare for Seniors</i> network without a referral from the primary care clinic, anywhere in the United States (i.e. doctor office visits; diabetes self-monitoring training and supplies; diagnostic tests, X-rays and lab services).</p> <p>The Point-of-Service benefit may not be used for chiropractic services, transplants, dental services, and outpatient prescription drugs.</p> <p>Contact <i>UCare</i> for a complete list of covered services.</p>	20% coinsurance	20% coinsurance

You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third party.

	Value and Value Plus	Classic
Prescription Drugs		
<ul style="list-style-type: none"> • Outpatient prescription drugs (Medicare Part D) 	<p>Value Plan: Not covered.</p> <hr/> <p>Value Plus Plan: Your co-pays for the first \$2,830 of your annual prescription drug costs are as follows and UCare pays the rest:</p> <ul style="list-style-type: none"> • No more than an \$8 co-pay per generic drug up to a 30-day supply. (Tier 1) • \$30 co-pay per preferred brand name drug up to a 30-day supply. (Tier 2) • \$60 co-pay per other brand name drug up to a 30-day supply. (Tier 3) • 25% co-insurance per specialty drug up to a 30-day supply. (Tier 4) • Only two co-pays for a 90-day supply of maintenance drugs through our mail order program and at network retail pharmacies that offer a 90-day supply. <p>Once you have reached \$2,830 in actual annual prescription drug costs, you pay 100% of the cost of your drugs until you have paid \$4,550 in out-of-pocket prescription drug costs. Once you have reached \$4,550 in annual out-of-pocket prescription drug costs, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 co-pay or a 5% coinsurance on generic drugs. • A \$6.30 co-pay or a 5% coinsurance on brand-name drugs. 	<p>Your co-pays for the first \$2,830 of your annual prescription drug costs are as follows and UCare pays the rest:</p> <ul style="list-style-type: none"> • No more than an \$8 co-pay per generic drug up to a 30-day supply. (Tier 1) • \$30 co-pay per preferred brand name drug up to a 30-day supply. (Tier 2) • \$60 co-pay per other brand name drug up to a 30-day supply. (Tier 3) • 25% co-insurance per specialty drug up to a 30-day supply. (Tier 4) • Only two co-pays for a 90-day supply of maintenance drugs through our mail order program and at network retail pharmacies that offer a 90-day supply. <p>Once you have reached \$2,830 in actual annual prescription drug costs, you pay the following co-pays for generic drugs:</p> <ul style="list-style-type: none"> • No more than an \$8 co-pay per generic drug up to a 30-day supply. • Only two co-pays for a 90-day supply of maintenance drugs through our mail order program and at network retail pharmacies that offer a 90-day supply.

TYPES OF HEALTH CARE SERVICES

For plan premiums, see chart on page 8.

You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third party.

	Value and Value Plus	Classic
<ul style="list-style-type: none"> • Outpatient prescription drugs (continued) 		<p>During this time you pay 100% of the cost of brand-name and specialty drugs and until you have paid \$4,550 in out-of-pocket prescription drug costs. You will receive a discount for brand-name and specialty drugs from network pharmacies by paying UCare’s negotiated price rather than the retail price.</p> <p>Once your total out-of-pocket costs reach \$4,550, you will qualify for catastrophic coverage. You will pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.50 co-pay or a 5% coinsurance on generic drugs. • A \$6.30 co-pay or a 5% coinsurance on brand-name drugs.
<ul style="list-style-type: none"> • Medicare-covered prescription drugs. The drugs covered under Medicare are generally drugs that must be administered by a health professional. Some of these include antigens, certain oral anti-cancer drugs and anti-nausea drugs, injectable osteoporosis drugs (if homebound and have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis and cannot self-administer the drug), clotting factors you give yourself by injection if you have hemophilia, and drugs you take using durable medical equipment (such as nebulizers) that are authorized by a <i>UCare for Seniors</i> provider. 	20% coinsurance	20% coinsurance

TYPES OF HEALTH CARE SERVICES

For plan premiums, see chart on page 8.

You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third party.

	Value and Value Plus	Classic
Diabetes Self-monitoring Training and Supplies		
<ul style="list-style-type: none"> Includes coverage for glucose monitors, test strips, lancets, and self-management training. <p><i>Note: Per Medicare guidelines, insulin is covered as an outpatient prescription drug. See page 13.</i></p>	Paid in full	Paid in full
Vision Services		
<ul style="list-style-type: none"> Routine eye exams, one per calendar year Diagnostic eye exams and treatment for diseases and conditions of the eye Eyewear <ul style="list-style-type: none"> Basic lenses and frames - one pair per year Contact lenses/exams Postcataract surgery materials <ul style="list-style-type: none"> Eyeglass lenses or contact lens (per operative eye) Corrective lenses needed after a cataract removal without a lens implant 	<p>Paid in full</p> <p>Paid in full</p> <p>Not covered</p> <p>Not covered</p> <p>No co-pay for one pair of conventional eyeglass lenses furnished after each cataract surgery during which an intraocular lens is inserted. Must see a participating provider for eyeglass lenses.</p> <p>Paid in full</p>	<p>Paid in full</p> <p>Paid in full</p> <p>\$75 annual plan benefit maximum at any provider.</p> <p>\$75 annual lens plan benefit maximum, in lieu of glasses, at any provider</p> <p>No co-pay for one pair of conventional eyeglass lenses furnished after each cataract surgery during which an intraocular lens is inserted. Must see a participating provider for eyeglass lenses.</p> <p>Paid in full</p>
Hearing Services		
<ul style="list-style-type: none"> Routine hearing tests, one per calendar year Diagnostic hearing exams 	<p>Paid in full</p> <p>Paid in full</p>	<p>Paid in full</p> <p>Paid in full</p>

TYPES OF HEALTH CARE SERVICES

For plan premiums, see chart on page 8.

You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third party.

	Value and Value Plus	Classic
<ul style="list-style-type: none"> Hearing aid benefit – used toward hearing aids, repairs, and fittings (covers inner ear, outer ear, or over-the-ear hearing aids). Does not include hearing aid molds, supplies, and batteries. Specific reimbursement instructions can be obtained from UCare’s Customer Services Department at the number on page 2 prior to purchase. 	Not covered	\$500 plan benefit maximum every 36 months
Dental Services		
<ul style="list-style-type: none"> Preventive Dental <ul style="list-style-type: none"> – Oral examinations twice per calendar year – Three-cleanings (one must be a periodontal maintenance cleaning) per calendar year – Bitewing X-rays every 12 months – Full-mouth X-rays every 5 years 	Not covered	Paid in full
	Not covered	Paid in full
	Not covered	Paid in full
	Not covered	Paid in full

TYPES OF HEALTH CARE SERVICES

For plan premiums, see chart on page 8.

You must continue to pay your Part B premium if not otherwise paid for under Medicaid or by another third party.

	Value and Value Plus	Classic
<ul style="list-style-type: none"> • Comprehensive Dental – This benefit is optional and only available to Classic members. A separate application is required and is enclosed with this information. 	Not covered	Classic Metro: \$20 per month in addition to the \$128 Classic premium for a total of \$148
– Basic services (i.e. silver or resin fillings, minor procedures)	Not covered	80% covered
– Endodontics (i.e. root canal treatment)	Not covered	80% covered
– Periodontics (i.e. gum disease treatment)	Not covered	80% covered
– Oral/Maxillofacial Surgery (i.e. extractions including pre-/post-operative care)	Not covered	80% covered
– Restorative services (i.e. crowns and special procedures)	Not covered	50% covered
– Prosthodontics – removable and fixed (i.e. bridges; partial/full dentures; repairs and adjustments.)	Not covered	50% covered

Note:

- With UCare's Comprehensive Dental Plan, there is a \$25 deductible per covered person per calendar year. In addition, the annual coverage maximum is \$1,000 per covered person, per calendar year.

- UCare contracts with DentaQuest. If you receive dental services from a non-DentaQuest licensed provider, you will be responsible for submitting your bills and paying the difference between the dentist's fees and the allowable amount. To request out-of-network reimbursement, please submit a copy of the American Dental Association (ADA) claim form (obtained from your dentist) with your payment receipt to:

DentaQuest
 Attn: UCare for Seniors
 Classic – OON
 P.O. Box 396
 Thiensville, WI 53092

- You can enroll in the Comprehensive Dental Plan when you first join the Classic Plan and throughout the first month of enrollment. If you do not join at that time, you have to wait to apply between November 15 through December 31 for coverage starting January 1 of the following year. A separate enrollment form is required. Personal scheduling assistance is provided through our See-A-Dentist Appointment Hotline at 1-800-235-0564 (toll free) or TTY at 1-800-466-7566 (toll free). Hours of service are 8 a.m.-5 p.m., Monday through Friday.

TYPES OF HEALTH CARE SERVICES

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	Value and Value Plus	Classic
Skilled Nursing Facility Care		
<ul style="list-style-type: none"> • Semiprivate room and necessary skilled medical services at network facilities. Private rooms are covered if medically necessary • Regular nursing services • Physical therapy, occupational therapy, and speech-language pathology • Drugs, medical equipment, and supplies 	<p>\$0 co-pay per day for days 0-20; \$125 co-pay per day for days 21-100 per benefit period following Medicare guidelines, deemed medically necessary, and provided by a network provider. (This benefit is strictly limited to those services specified in Medicare regulations.) No prior hospitalization is required.</p>	<p>\$0 co-pay per day for days 0-20; \$75 co-pay per day for days 21-100 per benefit period following Medicare guidelines, deemed medically necessary, and provided by a network provider. (This benefit is strictly limited to those services specified in Medicare regulations.) No prior hospitalization is required.</p>
Home Health Care		
<ul style="list-style-type: none"> • Skilled medical services by a Medicare-certified home health care agency when you are home-bound • Necessary supplies and equipment for the treatment of an injury or illness • Part-time intermittent skilled nursing and home health aide services • Medical social services 	<p>Paid in full (This benefit is strictly limited to those services specified in Medicare regulations.)</p>	<p>Paid in full (This benefit is strictly limited to those services specified in Medicare regulations.)</p>
Hospice	<p>You may receive care from any Medicare-certified hospice.</p>	<p>You may receive care from any Medicare-certified hospice.</p>

TYPES OF HEALTH CARE SERVICES

For plan premiums, see chart on page 8.

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	Value and Value Plus	Classic
Fitness Programs		
UCan!SM UCare Activity Network		
<p>You have three great fitness options. Choose any or all of them to be active and feel great!</p> <ul style="list-style-type: none"> • Health Club Savings If you like to swim, join a class, use exercise equipment, or work with weights, you know that health clubs are a great way to gain and maintain fitness. <p><i>UCare for Seniors</i> members who belong to a participating health club can receive a reduction of up to \$20 in their health club membership fees each month. To qualify, just work out at a participating facility at least eight (8) times a month.</p> <p>Participating health clubs currently include:</p> <ul style="list-style-type: none"> • Anytime Fitness (participating locations only) • Curves (participating locations only) • Fitness 19 (participating locations only) • Life Time Fitness. Visit www.lifetimefitness.com • National Independent Health Club Association (NIHCA) member clubs Visit www.nihca.org • YMCAs of Minneapolis and St. Paul. Visit www.ymcatwincities.org • Select YMCA branches in Greater Minnesota and Wisconsin <p><i>Health club dues reduction will be verified and processed the month after you attend a participating club at least 8 times. For example, attendance for January would be verified in February and credited in March.</i></p> <p>Additional health clubs may be added.</p>	Included	Included

TYPES OF HEALTH CARE SERVICES

For plan premiums, see chart on page 8.

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	Value and Value Plus	Classic
<p>• Do-It-Yourself Kit Fitness can be achieved at home or on the road with the UCan! Do-It-Yourself Kit. One kit containing a set of portable exercise gear is available to each <i>UCare for Seniors</i> member for just \$10. One additional kit can be purchased for \$40.</p> <p>The Do-It-Yourself kit contains:</p> <ul style="list-style-type: none"> • A step-counting pedometer. • A Thera-Band Stretch Band®*. • An activity program booklet with complete Thera-Band Stretch Band instructions. • A <i>UCare</i> Activity Log Book for you to record your fitness activities. • A UCan! Be Fit DVD that shows you how to stay fit with your pedometer and Thera-Band Stretch Band®. <p>*This band contains natural rubber latex, which may cause an allergic reaction in sensitive individuals. A non-latex replacement band can be substituted upon request.</p>	Included (\$10 for first kit.)	Included (\$10 for first kit.)
<p>Resources to Stop Using Tobacco</p>		
<p><i>UCare for Seniors</i> members can access smoking cessation help through the Mayo Clinic Tobacco Quitline at no cost. This program includes phone counseling and nicotine replacement therapy, customized to your needs. Please consult with your primary care clinic when you enroll in this program.</p>	Paid in full	Paid in full

TYPES OF HEALTH CARE SERVICES

For plan premiums, see chart on page 8.

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	Value and Value Plus	Classic
Health Connection Nurse Line		
<ul style="list-style-type: none"> For reliable health information 24 hours a day, you can call the nurses at Health Connection. They can offer health advice when you are not feeling well and/or answer your health questions. <i>UCare for Seniors</i> members should call 1-888-778-8204 toll free. TTY/hearing impaired: 1-877-728-3311 toll free. 	Included	Included
Out-of-Pocket Maximum		
This is a limit on how much you have to pay out-of-pocket for Medicare-covered services each year. Excludes Medicare Part D, Point-of-Service, eyewear, hearing aids, and dental.	\$3,400 out-of-pocket maximum in a calendar year. You are covered at 100% for benefits for the remainder of the calendar year.	\$3,400 out-of-pocket maximum in a calendar year. You are covered at 100% for benefits for the remainder of the calendar year.

Enrolling in *UCare for Seniors*

When can I join, change, or leave Medicare health plans?

There are some limits to when and how often you can change the way you get Medicare and what choices you can make. The timeframes in which you can change Medicare plans are called “election periods”. An election period is needed to “enroll in, or voluntarily disenroll from, a Medicare Advantage plan”.

From November 15 through December 31:

This election allows anyone with Medicare to switch from one way of getting Medicare to another. If you do not already have Medicare Part D, you may add it. If you already have it and do not want it, you may drop it. Any plan switch you make will be effective on January 1 of the following year. This election period is called the **Annual Election Period (AEP)**.

From January 1 through March 31:

This election allows anyone with Medicare to make one change to the same type of plan with regards to

Medicare Part D. This means that you are limited in the type of plan you can join, and you cannot add or drop Medicare Part D. For example, if you have Medicare Part D when you make this change, you can choose to join another Medicare Advantage plan that includes Medicare Part D or you can choose to return to Original Medicare Plan and join a stand-alone Medicare Part D Plan. If you do not have Medicare Part D prior to December 31, you cannot use this election to get it. This election period is called the **Open Enrollment Period (OEP)**.

If you are new to Medicare Part A and Part B during the current year:

This election allows you to make an initial election to enroll in a Medicare Advantage plan. If you accept both Medicare Part A and Part B when you first become eligible, this election period is the seven months that includes: the three months prior to the month you become eligible, the month you are eligible, and the three months after you become eligible. If you

had Part A and just recently applied for Part B, this period is limited to the three months prior to your enrollment in Part B. This election period is called the **Initial Coverage Election Period (ICEP)**.

In addition, if you enroll in Medicare Part A and Part B during the current year and join a Medicare Advantage or Part D plan:

You have one additional election to make a change in your plan. This period begins the month you enrolled in both Medicare Part A and Part B and ends on the last day of the third month of enrollment or on December 31, whichever occurs first. However, you are limited in the type of plan you can join, meaning you cannot join or leave Medicare Part D. For example, if you have Medicare Part D when you make this change, you can only choose to join another Medicare Advantage plan that includes Medicare Part D, or you can choose to return to Original Medicare and join a stand-alone Medicare Part D plan. If you do not have Medicare Part D, you cannot use this election to get it. This election period is called the **Open Enrollment Period-NEW (OEP-NEW)**.

If you are institutionalized:

You may at any time elect to enroll in or disenroll from a Medicare Advantage plan. An institutionalized individual is defined as an individual who moves into, resides in, or moves out of an institution (institution as defined by Medicare, such as a Skilled Nursing Facility). This election ends two months after the month the individual moves out of the institution. This is not subject to the “same type of plan restrictions” as described in the OEP and OEP-NEW. This election period is called the **Open Enrollment Period-Institutionalized (OEP-I)**.

Generally, you cannot make any other changes during the year unless you have a **Special Election Period (SEP)**. SEPs are provided for unique situations that occur throughout the year and may result in the need for a Medicare beneficiary to make a change in their health plan. A few of these situations include:

- For a Medicare beneficiary who decides to retire mid-year (or his/her spouse retires) and will no longer be eligible for his/her employer coverage. Medicare will allow the beneficiary to select a plan using the election period called SEP-Leaving Employer Coverage (LEC), within certain timeframes.

- For a Medicare beneficiary who will have new Medicare health or Part D plans available to them as a result of a permanent move. Medicare will allow the beneficiary to select a plan using the election period called SEP-Move, within certain timeframes.
- For a Medicare beneficiary who qualifies for Extra Assistance for Part D. Medicare will allow the beneficiary to select a plan using the election period SEP-Help.

These special exceptions are in addition to other election periods. Contact the UCare Sales Department at the number on page 2 if you want more information on these exceptions.

Please note: *If you enroll in another Medicare plan, including a stand-alone Medicare Part D Plan (PDP), you will be disenrolled from UCare for Seniors when your enrollment in the new plan begins. If you are enrolled in another Medicare Plan, including a stand-alone Medicare Part D Plan (PDP) and you join UCare for Seniors, you will be disenrolled from that plan when your enrollment in our plan begins.*

How do I enroll?

You can enroll by either completing the enrollment form included in your UCare packet or by completing an online enrollment form at www.ucare.org. Medicare beneficiaries may also enroll in our plan through the Centers for Medicare & Medicaid Services Online Enrollment Center located at www.medicare.gov. For more information, contact the *UCare for Seniors* Sales Department at the numbers on page 2 or go to our web site at www.ucare.org.

Please remember to select the plan you would like to enroll in (Value, Value Plus, or Classic).

Fill in the requested Medicare information on the enrollment form exactly as it appears on your Medicare card. The “name of beneficiary” refers to the name of the person applying for *UCare for Seniors*. If you or your spouse are currently applying for Medicare Part B benefits and received a Medicare Part B benefit verification letter from Social Security, please include a copy with your enrollment form.

If you and your spouse are both enrolling, please complete two forms, one for each of you. A postage-paid envelope is provided for your convenience. Or you can fax your enrollment forms to 612-676-6562. Do not send any money with the enrollment form.

How do I pay for the plan?

You can pay your monthly premium by check, by automatic payment, or have it automatically withdrawn from your Social Security Administration (SSA) benefit check.

Check

You will receive your monthly billing statement around the 20th of each month for the next coverage month. However, if we receive your enrollment form after the billing cycle has occurred, your first bill will come around the 20th of the month following your effective date of coverage. This bill will be for the first two months of coverage. After that, you will receive a monthly bill. You can also pay for an extended number of months if you choose (i.e. for 3 or 6 months). When you get your monthly bill, multiply your premium by the number of months you wish to pay and send it in.

Automatic Payment

You can pay your monthly premium by automatic payment. With this option, your premium is deducted from your checking or savings account on the eighth of

each month. You will not receive any billing statements from UCare. You will receive an annual notice of your deduction each December. Your premium cannot be charged to a credit card.

Please complete the account information on the enrollment request form to begin automatic payment.

Social Security Check Withdrawal

You have the opportunity to have your *UCare for Seniors* premium deducted from your Social Security Administration (SSA) benefit check. The SSA deduction may take two months or more to begin. In most cases, the first deduction from your SSA benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. Occasionally, there have been times when these requests have been rejected. If that happens, we may need to bill you monthly until we resubmit your request and it is approved by Social Security.

Generally, you must stay with the option you choose for the rest of the year. If you qualify for Extra Help with your Medicare Part D costs, Medicare will cover all or part of your plan premium for Medicare Part D. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover. If you do not select a payment option, you will receive a bill each month.

Value-added programs

The products and services described below are neither offered nor guaranteed under our contract with the Medicare Program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these services may be subject to the UCare grievance process.

Discount hearing aid network: UCare offers *UCare for Seniors* members use of the EPIC Hearing Health Care Network. The EPIC Hearing Health Care Network provides easy access to credentialed ENT physicians and licensed audiologists.

EPIC's discounts may be as much as 60% below manufacturer's suggested retail price and up to 35% lower than most discount offers. You can receive discounts on:

- Hearing aids.
- Hearing aid batteries.
- Telephone amplification.
- Wireless TV amplification.
- Plus more!

UCare for Seniors Classic members can also utilize their \$500 benefit allowance (every 36 months) with the EPIC Hearing Health Care Network to obtain further savings.

To access the EPIC Hearing Health Care Network, call 1-866-956-5400 toll free **prior to making any purchases**. TTY users call 711 or 626-723-2173. Other discount services and merchandise are available. Call the network or log on to www.ucare.org for a full list of services and merchandise.

Other Medicare programs for which you may be eligible

There are a significant number of people on Medicare who qualify for additional benefits and savings, but are not aware of these programs. The programs are:

Medicare Savings Programs

• Qualified Medicare Beneficiary (QMB) without other medical assistance: a program that helps people pay their Medicare Part B premium, deductibles, and coinsurance.

• Specified Limited-Income Medicare Beneficiary (SLMB) without other medical assistance: a program that helps people pay their Medicare Part B premium.

• Qualifying Individuals Program (QI): a program that helps people pay their Medicare Part B premium.

Extra Financial Help for Medicare Part D

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

UCare has partnered with Social Services Coordinators to evaluate your eligibility for these additional benefits. There is no cost to you to apply for these programs. Any information requested, including financial, is voluntary and you are not obligated to provide it. Failure to provide this information will in no way adversely affect your membership in our health plan. Social Services Coordinators conducts the initial eligibility screening. Only the appropriate State agency determines final eligibility. Call Social Services Coordinators directly at 1-866-252-2659 (TTY 1-877-644-3244) if you would like more information about these programs. Hours of service are 8 a.m. to 5 p.m., Monday through Friday.

Social Services Coordinators' approach is personalized, and you can be assured your information will be kept confidential. Social Services Coordinators will not share the information with any entity not directly associated with determining eligibility or under contract to participate in the outreach process.

If you have additional questions regarding these programs, you may contact your county human services agency, or the State Health Insurance Counseling and Assistance Program (SHIP) 1-800-242-1060 toll free TTY 711.

Services and supplies not covered by UCare for Seniors

- 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. However, certain services may be covered under a Medicare-approved clinical research study. Experimental procedures and items are those items and procedures determined by our plan and Original Medicare to not be generally accepted by the medical community.
- Surgical treatment of morbid obesity except when it is considered medically necessary and covered under Original Medicare.
- Private room in a hospital, except when it is considered medically necessary.
- Private duty nurses.
- Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or television.
- Full-time nursing care in your home.

- Custodial care, unless it is provided with covered skilled nursing care and/or skilled rehabilitation services. Custodial care or non-skilled care is care that helps you with activities of daily living, such as bathing or dressing.
- Homemaker services provide basic household assistance, including light housekeeping or light meal preparation.
- Fees charged by immediate relatives or members of your household.
- Meals delivered to your home.
- Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, and mental performance), except when medically necessary.
- Cosmetic surgery or procedures because of an accidental injury or to improve a malformed part of the body. 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 dental care (such as cleanings, fillings, or dentures) or other dental services for Value and Value Plus plan members. However, non-routine dental care received at a hospital may be covered.
- Chiropractic care is generally not covered under the plan, with the exception of manual manipulation of the spine, consistent with Medicare guidelines.
- Routine foot care, except for the limited coverage provided according to Medicare guidelines.
- Orthopedic shoes, *unless* they 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.
- Hearing aids for Value and Value Plus plan members.
- Eyeglasses (except after cataract surgery) for Value and Value Plus plan members, radial keratotomy, LASIK surgery, vision therapy, and other low vision aids and services.
- Prescription drugs for treatment of sexual dysfunction, including erectile dysfunction, impotence, and anorgasmia or hyporgasmia.
- Reversal of sterilization procedures, sex change operations, and non-prescription contraceptive supplies.
- Acupuncture.
- Naturopath services (uses natural or alternative treatments).
- Services provided to veterans in Veterans Affairs (VA) facilities. However, when emergency services are received at a VA hospital and the VA cost-sharing is more than the cost-sharing required under our plan. We will reimburse veterans for the difference. Members are still responsible for our cost-sharing amounts.
- Any services listed above that aren't covered will remain not covered even if received at an emergency facility.
- Prescriptions other than those covered by Original Medicare for Value plan members.

P.O. Box 52
Minneapolis, MN 55440-0052
612-676-3500
1-877-523-1518 (toll free)
TTY/Hearing impaired
612-676-6810
1-800-688-2534 (toll free)
8 a.m. to 8 p.m.
Seven days a week
www.ucare.org

