



Ending Your Membership in *UCare Complete*

Ending your membership in our Plan may be **voluntary** (your own choice) or **involuntary** (not your own choice):

- You might leave our Plan because you have decided that you *want* to leave.
- There are also limited situations where we are required to end your membership. For example, if you move permanently out of our geographic service area.

Voluntarily ending your membership

You can choose to disenroll from our Plan at anytime. You will be enrolled until the end of the month. To tell us you want to leave our Plan, you can write or fax a letter to us or fill out a disenrollment form and send it to Member Services or to our fax number at 612-884-2219. Be sure to sign and date your letter or form. It would be helpful to include your date of birth.

Until your membership ends, you must keep getting your health care services and prescription drugs through our Plan

If you leave our Plan, it may take some time for your membership to end and your new way of getting Medicare and/or Medical Assistance to take effect (we discuss when the change takes effect later in this document). While you are waiting for your membership to end, you are still a member and must continue to get your care and prescription drugs as usual through our Plan. Until your prescription drug coverage with our Plan ends, use our network pharmacies to fill your prescriptions. In most cases, your prescription drugs are covered only if they are filled at a network pharmacy including our mail-order pharmacy service, are listed on our formulary, and you follow coverage rules.

If you happen to be hospitalized on the day your membership ends, generally you will be covered by our Plan until you are discharged. Call Member Services for more information and to help us coordinate with your new plan.

What are my choices for receiving health care services if I leave the Plan?

Our Plan currently provides both Medicare and Medical Assistance services. By disenrolling from our Plan, your coverage for Medicare and Medical Assistance services will change. In some cases you have choices to make.

Coverage for Medical Assistance

If you choose to leave our Plan, the way you get your Medical Assistance when you disenroll depends on your situation:

- If you are under age 65 with a disability basis for eligibility, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance services. You can also choose to be enrolled in

the Minnesota Special Needs Basic Care program. Call the Minnesota Disability Linkage Line at 1-866-333-2466 for more information.

- If you are under age 65 and do not have a disability basis for eligibility, you will be automatically enrolled in our Prepaid Medical Assistance Program (PMAP), if our PMAP plan is offered in your county. You can ask in writing to be enrolled in a different PMAP health plan. If we do not have a PMAP plan in your county, you will be enrolled in a PMAP health plan that is available in your county. Call your county worker for details.
- If you are age 65 or older, you will be automatically enrolled in our Minnesota Senior Care Plus (MSC Plus) plan for your Medical Assistance services if our MSC Plus plan is offered in your county. You can ask in writing to be enrolled in a different MSC Plus health plan. If we do not have an MSC Plus plan in your county, you will be enrolled in the MSC Plus plan that is available in your county. You can also choose to be enrolled in the Minnesota Senior Health Options (MSHO) program. Contact your county financial worker if you have questions.
- If you currently have a medical spenddown and you choose to leave our Plan, your Medical Assistance will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance services.
- If you are receiving home and community based waiver services, contact your county worker or your health coordinator regarding eligibility for waiver services through the county.

We cannot ask you to leave the Plan because of your health.

We *cannot* ask you to leave the Plan for any health-related reasons. If you ever feel that you are being encouraged or asked to leave our Plan because of your health, you can call the Minnesota Disability Linkage Line at 1-866-333-2466 or the Senior LinkAge Line at 1-800-333-2433. If you have Medicare, you should call 1-800-MEDICARE (1-800-633-4227), which is the national Medicare help line. TTY users should call 1-877-486-2048. You may call the Medicare help line 24 hours a day, seven days a week.

Involuntarily ending your membership

If any of the following situations occur, we will end your membership in our Plan.

- If you lose eligibility for Medical Assistance – If you have Medicare and lose eligibility for Medical Assistance, our Plan will continue to provide plan benefits for up to three months. If after three months you have not regained Medical Assistance, coverage with our Plan will end. You will need to choose a new Part D plan in order to continue getting coverage for Medicare-covered drugs. If you need help, you can call the Minnesota Disability Linkage Line at 1-866-333-2466 or the Senior LinkAge Line at 1-800-333-2433.
- If you move out of the service area or are away from the service area for more than six (6) months in a row you cannot remain a member of our Plan and we must end your membership (“disenroll” you). If you plan to move or take a long trip, please call Member Services to find out if the place you are moving to or traveling to is in our Plan’s service area.
- If you do *not* stay continuously enrolled in Medicare Parts A and B.
- If you do not pay your spenddown.

- If you knowingly falsify or withhold information about other parties that provide reimbursement for your Part D prescription coverage.
- If you intentionally give us incorrect information on your enrollment request that would affect your eligibility to enroll in our Plan.
- If you behave in a way that is disruptive, to the extent that your continued enrollment seriously impairs our ability to arrange or provide medical care for you or for others who are members of our Plan. We cannot make you leave our Plan for this reason unless we get permission first from Medicare.
- If you let someone else use your plan membership card to get medical care. If you are disenrolled for this reason, CMS may refer your case to the Inspector General for additional investigation.

You have the right to make a complaint if we end your membership in our Plan

If we end your membership in our Plan, we will tell you our reasons in writing and explain how you may file a complaint against us if you want to.