

2009 Summary of Benefits



UCare Secure

(H2459)

January 1, 2009 - December 31, 2009

Metro and Greater Minnesota
Counties - 12

Introduction to the Summary of Benefits for *UCare Secure*

January 1, 2009 - December 31, 2009
Metro and Greater Minnesota Counties - 12

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

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

If you have been diagnosed with COPD: Asthma, COPD: Chronic bronchitis, COPD: Emphysema, CVD: Coronary Artery Disease, CVD: Hypertension, Endocrine/Metabolic: Diabetes, Neurologic Disorders: Dementia, or congestive heart failure you may be eligible to join this plan.

Please call UCare 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 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 Secure*. You may have other options, too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you have one or more of the listed diseases you may enroll in the plan at any time but you may only leave the plan at certain times.

Please call UCare at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare *UCare Secure* and the Original Medicare Plan 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 the Original Medicare Plan covers.

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

WHERE IS UCARE SECURE AVAILABLE?

The service area for this plan includes: Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Rice, Scott, Sherburne, St. Louis, Washington, and Wright Counties, MN. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN *UCARE SECURE*?

You can join *UCare Secure* if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

You must have been diagnosed by your doctor with COPD: Asthma, COPD: Chronic bronchitis, COPD: Emphysema, CVD: Coronary Artery Disease, CVD: Hypertension, Endocrine/Metabolic: Diabetes, Neurologic Disorders: Dementia, or congestive heart failure to join this plan.

Please call us to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

UCare 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, or for an up-to-date 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 *UCare Secure* nor the Original Medicare Plan will pay for these services.

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

UCare Secure 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 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 Secure 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 PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join *UCare Secure*, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, 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 Secure*, 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.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may 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* 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* 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 alpha 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 provided through DME.

Please call UCare for more information about *UCare Secure*.

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

Customer Services Hours:

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

Current members should call toll-free (877)-523-1515 for questions related to the Medicare Advantage Program. (TTY/TDD (800)-688-2534)

Prospective members should call toll-free (877)-523-1518 for questions related to the Medicare Advantage Program. (TTY/TDD (800)-688-2534)

Current members should call locally (612)-676-3600 for questions related to the Medicare Advantage Program. (TTY/TDD (612)-676-6810)

Prospective members should call locally (612)-676-3500 for questions related to the Medicare Advantage Program. (TTY/TDD (612)-676-6810)

Current members should call toll-free (877)-523-1515 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-688-2534)

Prospective members should call toll-free (877)-523-1518 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-688-2534)

Current members should call locally (612)-676-3600 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (612)-676-6810)

Prospective members should call locally (612)-676-3500 for questions related to the 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, 7 days a week.

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

If you have special needs, this document may be available in other formats.

SUMMARY OF BENEFITS

Benefit Category	Original Medicare	<i>UCare Secure</i>
IMPORTANT INFORMATION		
<p>1 - Premium and Other Important Information</p>	<p>In 2008 the monthly Part B Premium was \$96.40 and will change for 2009 and the yearly Part B deductible amount was \$135 and will change for 2009.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$154 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,350 in-network out-of-pocket limit.</p> <p>All Medicare services covered under the out-of-pocket limit. The following non-Medicare service(s) do not count toward the limit:</p> <ul style="list-style-type: none"> • Eyewear for refractory changes. • Hearing aids. • Part D drug benefit. • Preventive dental benefit. • Comprehensive dental benefit (for those enrolled). <p>See page 21 for more information about the monthly premium and the out-of-pocket limit.</p>
<p>2 - Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist, or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>No referral required for network doctors, specialists, and hospitals.</p>

Benefit Category	Original Medicare	<i>UCare Secure</i>
SUMMARY OF BENEFITS INPATIENT CARE		
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2008 the amounts for each benefit period were: Days 1 - 60: \$1024 deductible Days 61 - 90: \$256 per day Days 91 - 150: \$512 per lifetime reserve day. These amounts will change for 2009.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. 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.</p> <p>You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network \$100 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p>
<p>4 - Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network \$100 copay for each Medicare-covered hospital stay.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>

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5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<p>In 2008 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$128 per day These amounts will change for 2009.</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.</p> <p>If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period.</p> <p>There is no limit to the number of benefit periods you can have.</p>	<p>In-Network \$0 copay for SNF services.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p>
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<p>In-Network \$0 copay for Medicare-covered home health visits.</p>
7 - Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>

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OUTPATIENT CARE		
8 - Doctor Office Visits	20% coinsurance.	<p>General See “Physical Exams,” for more information.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$20 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits.</p>
9 - Chiropractic Services	<p>Routine care not covered.</p> <p>20% coinsurance 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>In-Network \$0 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p>See page 21 for more information about chiropractic services.</p>
10 - Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network \$0 copay for Medicare-covered podiatry benefits.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11 - Outpatient Mental Health Care	50% coinsurance for most outpatient mental health services.	<p>In-Network \$0 copay for Medicare-covered Mental Health visits.</p>
12 - Outpatient Substance Abuse Care	20% coinsurance.	<p>In-Network \$0 copay for Medicare-covered visits.</p>
13 - Outpatient Services/Surgery	<p>20% coinsurance for the doctor.</p> <p>20% of outpatient facility charges.</p>	<p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>

Benefit Category	Original Medicare	UCare Secure
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance.	In-Network \$100 copay for Medicare-covered ambulance benefits.
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor. 20% of facility charge, or a set copay per emergency room visit. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	In-Network \$50 copay for Medicare-covered emergency room visits. Out-of-Network Worldwide coverage. In and Out-of-Network If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances.	General \$20 copay for Medicare-covered urgently needed care visits.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	In-Network \$0 copay for Medicare-covered Occupational Therapy visits. \$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered items.
19 - Prosthetic Devices (includes braces, artificial limbs, and eyes, etc.)	20% coinsurance.	In-Network 10% of the cost for Medicare-covered items.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	20% coinsurance. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.

Benefit Category	Original Medicare	<i>UCare Secure</i>
21 - Diagnostic Tests, X-Rays, and Lab Services	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-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>See page 10 for more information about diagnostic tests, X-rays, and lab services.</p>
PREVENTIVE SERVICES		
22 - Bone Mass Measurement (for people with Medicare who are at risk)	<p>20% coinsurance.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered bone mass measurement.</p>
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	<p>20% coinsurance.</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered colorectal screenings.</p>
24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, pneumonia vaccine)	<p>\$0 copay for flu and pneumonia vaccines.</p> <p>20% coinsurance for Hepatitis B vaccine.</p> <p>You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network</p> <p>\$0 copay for flu and pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for flu and pneumonia vaccines.</p>
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	<p>20% coinsurance.</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered screening mammograms, and up to 1 additional screening mammogram(s) every year.</p>

Benefit Category	Original Medicare	UCare Secure
26 - Pap Smears and Pelvic Exams	<p>\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for pelvic exams.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears, and pelvic exams and up to 1 additional pap smear (s) every year.</p>
27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>
28 - End-Stage Renal Disease	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>See page 21 for more information about End-Stage Renal Disease.</p>

Benefit Category	Original Medicare	<i>UCare Secure</i>
29 - Prescription Drugs	<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>Drugs covered under Medicare Part B</p> <p>General \$0 copay for Part B-covered drugs.</p> <p>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary.</p> <p>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). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). 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's service area (for instance when you travel).</p>

Benefit Category	Original Medicare	<i>UCare Secure</i>
		<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from <i>UCare Secure</i> 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 for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and 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> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700.</p> <p>Retail Pharmacy Tier 1</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (30-day) supply of drugs in this tier. • \$15 copay for a three-month (90-day) supply of drugs in this tier.

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		<p>Tier 2</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (30-day) supply of drugs in this tier. • \$90 copay for a three-month (90-day) supply of drugs in this tier. <p>Tier 3</p> <ul style="list-style-type: none"> • \$60 copay for a one-month (30-day) supply of drugs in this tier. • \$180 copay for a three-month (90-day) supply of drugs in this tier. <p>Tier 4</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs in this tier. • 25% coinsurance for a three-month (90-day) supply of drugs in this tier. <p>Long Term Care Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of drugs in this tier. <p>Tier 2</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (31-day) supply of drugs in this tier. <p>Tier 3</p> <ul style="list-style-type: none"> • \$60 copay for a one-month (31-day) supply of drugs in this tier. <p>Tier 4</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Mail Order</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$10 copay for a three-month (90-day) supply of drugs in this tier. <p>Tier 2</p> <ul style="list-style-type: none"> • \$60 copay for a three-month (90-day) supply of drugs in this tier.

Benefit Category	Original Medicare	<i>UCare Secure</i>
		<p>Tier 3</p> <ul style="list-style-type: none"> • \$120 copay for a three-month (90-day) supply of drugs in this tier. <p>Tier 4</p> <ul style="list-style-type: none"> • 25% coinsurance for a three-month (90-day) supply of drugs in this tier. <p>Coverage Gap The plan covers all formulary generics through the coverage gap.</p> <p>You pay the following:</p> <p>Retail Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (30-day) supply of all drugs covered in this tier. • \$15 copay for a three-month (90-day) supply of all drugs covered in this tier. <p>Long Term Care Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (31-day) supply of all drugs. <p>Mail Order</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$10 copay for a three-month (90-day) supply of all drugs covered in this tier. <p>For all other covered drugs, after your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> • A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6 copay for all other drugs, or • 5% coinsurance.

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		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s 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 <i>UCare Secure</i>.</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700.</p> <p>Out-of-Network Pharmacy</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (30-day) supply of drugs in this tier. <p>Tier 2</p> <ul style="list-style-type: none"> • \$30 copay for a one-month (30-day) supply of drugs in this tier. <p>Tier 3</p> <ul style="list-style-type: none"> • \$60 copay for a one-month (30-day) supply of drugs in this tier. <p>Tier 4</p> <ul style="list-style-type: none"> • 25% coinsurance for a one-month (30-day) supply of drugs in this tier.

Benefit Category	Original Medicare	<i>UCare Secure</i>
		<p>Out-of-Network Coverage Gap The plan covers All Formulary Generics through the gap.</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Tier 1</p> <ul style="list-style-type: none"> • \$5 copay for a one-month (30-day) supply of all drugs covered in this tier. <p>Tier 2</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by <i>UCare Secure</i> for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to <i>UCare Secure</i> so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <p>Tier 3</p> <ul style="list-style-type: none"> • After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by <i>UCare Secure</i> for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to <i>UCare Secure</i> so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

Benefit Category	Original Medicare	<i>UCare Secure</i>
		<p>Tier 4</p> <ul style="list-style-type: none"> After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by <i>UCare Secure</i> for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to <i>UCare Secure</i> so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6 copay for all other drugs, or 5% coinsurance. <p>See page 22 for more information about prescription drugs.</p>
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> Up to 2 oral exam(s) every year. Up to 3 cleaning(s) every year. Up to 1 dental x-ray(s) every year. <p>0% of the cost for Medicare-covered dental benefits.</p> <p>See page 23 for more information about dental services.</p>

Benefit Category	Original Medicare	UCare Secure
31 - Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network \$0 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> • Up to 1 routine hearing test(s) every year. • Fitting-evaluations for a hearing aid. • \$0 copay for up to 1 hearing aid(s). <p>\$500 limit for hearing aids.</p> <p>See page 23 for more information about hearing services.</p>
32 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye, and up to 1 routine eye exam (s) every year.</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> • One pair of eyeglasses or contact lenses after cataract surgery. • Up to 1 pair(s) of glasses every year. <p>\$75 limit for eye wear every year.</p> <p>See page 23 for more information about vision services.</p>
33 - Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network \$0 copay for routine exams.</p> <p>Limited to 1 exam(s) every year.</p>

UCare Secure benefits explained...

This section highlights specific benefits to give you a better understanding of the coverage.

UCare Secure is a Medicare Advantage Special Needs Plan built for Medicare beneficiaries living with COPD: Asthma, COPD: Chronic bronchitis, COPD: Emphysema, CVD: Coronary Artery Disease, CVD: Hypertension, Endocrine/Metabolic: Diabetes, Neurologic Disorders: Dementia, or congestive heart failure. This is a unique health plan option for people whose well-being may be dependent on the health decisions they make. The plan provides broad coverage including all benefits of Original Medicare, plus some unique features and benefits that may not be provided in other Medicare plans. These extra features allow you to take more control of your health with a plan as unique as your health care needs.

What is the monthly premium?

The premium for *UCare Secure* is \$154.00. This plan **does** include Medicare prescription drug coverage (known as Medicare Part D). This is sold as one coordinated package. One part (hospital/medical coverage) cannot be purchased without taking the other (Medicare Part D).

See item #1, page 5 for additional information about the monthly plan premium.

How does the out-of-pocket limit work?

All members have a \$3,350 out-of-pocket limit for certain services. This means that once a member has paid \$3,350 of allowed charges for certain covered services out-of-pocket in a calendar year, these benefits are covered at 100% for the remainder of the calendar year. The following is a list of services that are **excluded** from counting toward the out-of-pocket limit: hearing aids, Medicare Part D prescription drug benefit, eyewear (eyeglasses or contact lenses) needed for refraction correction, preventive dental, and comprehensive dental benefits (for those enrolled).

See item #1, page 5 for additional information about the out-of-pocket limit.

Are chiropractic services covered?

Yes. The only chiropractic service covered is manual manipulation of the spine to correct subluxation. There is no member co-payment. *UCare* contracts with a chiropractic health care company for chiropractic benefit management services. Members must see a provider from the chiropractic health care company network.

See item #9 on page 8 for additional information about chiropractic coverage.

What if an individual has end-stage renal disease?

End-stage renal disease (ESRD) is permanent kidney failure where dialysis or a kidney transplant is needed. We are prohibited from enrolling anyone into our plans with ESRD unless a person is under a special election period due to the discontinuation of his/her Medicare Advantage Plan. Some exceptions apply. Please note that an individual who receives a transplant to restore kidney function and who no longer requires dialysis on a regular basis to maintain life is not considered to have ESRD and is eligible to enroll. Current members cannot be disenrolled from their plan solely due to developing ESRD.

See item #28 on page 11 for additional information about renal dialysis services coverage.

What is the Medicare prescription drug coverage provided under *UCare Secure*?

UCare Secure includes prescription drug coverage that is approved by the Centers for Medicare & Medicaid Services (CMS). The following outlines the benefit:

INITIAL COVERAGE

The co-payments for the first \$2,700 of the annual prescription drug costs are as follows:

- Up to a \$5 co-payment per generic drug up to a 30-day supply.
- \$30 co-payment per preferred brand drug up to a 30-day supply.
- \$60 co-payment per other brand drug up to a 30-day supply.
- 25% co-insurance per specialty drug up to a 30-day supply.
- Two co-payments for a 90-day supply of maintenance drugs through our mail order program or at certain retail pharmacies.

The plan will cover the rest.

COVERAGE GAP

- Once \$2,700 in actual annual prescription drug costs have been reached, a member pays the following co-payments for generic drugs:
 - Up to a \$5 co-payment per generic drug up to a 30-day supply.
 - Two co-payments for a 90-day supply of generic maintenance drugs through our mail order program or at certain retail pharmacies.

During this time a member pays 100% of the cost of brand-name drugs until they have paid \$4,350 in out-of-pocket prescription drug costs. Members will receive a discount for brand-name drugs from network pharmacies by paying the *UCare* negotiated price with the pharmacies rather than the retail price for brand-name drugs.

CATASTROPHIC COVERAGE

Once \$4,350 in annual out-of-pocket prescription drug costs have been reached, a member pays the greater of:

- A \$2.40 co-payment or a 5% co-insurance on generic drugs.
- A \$6 co-payment or a 5% co-insurance on brand name drugs.

The plan will cover the rest.

In most cases, prescription drugs are covered under 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 contracted pharmacy where members obtain prescription drug benefits covered under the plan. 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 contracted network of pharmacies or for more detailed information about the *UCare Secure* prescription drug coverage, please call *UCare*'s Sales Department at 1-877-523-1518 or TTY 1-800-688-2534, visit our web site at www.ucare.org, or request it by mail at *UCare*, P.O. Box 52, Minneapolis, MN 55440-0052.

See item #29 on pages 12 - 18 for additional information about the prescription drug coverage.

Is dental coverage included?

Yes. The Plan includes preventive dental. This benefit provides coverage for oral examination twice per calendar year, routine cleaning of teeth and/or gums three times per calendar year (one must be a gum cleaning), bitewing X-rays every 12 months, and full-mouth X-rays every five years. There are no member co-payments or co-insurance when members use network providers. If members choose to use non-network providers, they must pay the difference between our negotiated rate and the provider's billed charges, if any.

For an additional monthly premium of \$19, *UCare Secure* members can also enroll in the *UCare* comprehensive dental benefit. This option provides additional coverage for fillings, root canals, gum disease treatment, repairs, adjustments to prosthetics and more. Members can enroll in the comprehensive dental benefit when they first enroll in *UCare Secure* or within the first 30 days of their effective date in *UCare Secure*. If members do not join at that time, they 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. There is a \$25 deductible and a \$1,000 annual coverage maximum per calendar year. Member co-insurance applies. If a member cancels the comprehensive dental coverage, the member cannot re-enroll in the comprehensive dental plan until the January following a minimum of 12 months of non-enrollment.

Limitations and exclusions apply to both the preventive and comprehensive dental benefit.

See item #30 on page 18 and optional benefits on page 20 for additional information about the dental coverage.

What is included in the \$500 allowance for hearing aids?

The plan includes a hearing aid benefit. Members have a \$500 benefit allowance every 36 months that they can use towards the purchase of hearing aids, fitting evaluations, and repairs from any hearing aid provider. Hearing aid molds, supplies, and batteries are not covered. The benefit allowance will not reset if a member disenrolls from *UCare Secure* and re-enrolls within the 36-month benefit period.

See item #31 on page 19 for additional information about hearing aid coverage.

What eyewear is covered?

The plan provides coverage for:

- **Eyewear following each cataract surgery.** Coverage is 100% of the cost of contact lenses or standard eyeglass lenses, and up to \$75 for eyeglass frames. Coverage is limited to one pair of eyeglasses or contact lenses following each cataract surgery. Eyewear must be obtained from a network provider.
- **Eyewear for refractory changes.** There is an allowance of up to \$75 per calendar year for prescription eyeglasses (frames and lenses) or contact lenses for vision correction not related to cataract surgery. Eyeglasses or contact lenses can be obtained from any provider.

Progressive lenses, no-line bifocal or trifocal, tinting (except for certain ultraviolet-screening coatings), scratch-resistant coatings, and oversized lenses are not covered unless required by Medicare coverage guidelines.

See item #32 on page 19 for additional information about vision services.

Is there coverage when traveling?

The plan provides coverage for our members who travel out of the service area. This includes:

- **Worldwide emergency and urgently needed care coverage:** With minimal co-payments.
- **Out-of-area renal dialysis:** No co-payment or co-insurance.
- **Ground and Air ambulance:** Covered only when Medicare criteria is met.

Emergency ambulance - covered services include:

- Services provided by a licensed ambulance service to the nearest hospital where emergency care is provided or services dispatched through 911.
- Air ambulance to the nearest hospital according to Medicare coverage guidelines and when the member's medical condition is such that transportation by either basic or advanced life-support ground ambulance is not appropriate.

Non-emergency ambulance - covered services include:

- Ambulance services to an institution (like a hospital or skilled nursing facility), from an institution to another institution, or from an institution to your home, when other means of transportation is contraindicated or could endanger your health. The ambulance and personnel must meet Medicare criteria.

See item #14 on page 9 for additional information about ambulance services , #15 on page 9 for additional information about emergency care, item #16 on page 9 for urgently needed care, and item #28 on page 11 for renal dialysis.

Are there health and wellness options available?

There are great health and wellness options with *UCare Secure*. There are options to help you quit using tobacco, increase your strength, and get you the latest health information. See the flyer on our health and wellness programs for details or visit our web site at www.ucare.org.

See page 20 for additional information about health/wellness education.

How does the transportation benefit work?

Members can use our Health Ride transportation system to receive up to ten one-way or five round-trip taxi cab (common carrier) rides each year. Rides can be scheduled to take the member to/from medical appointments and/or pharmacies. There is no co-payment for this service. Members can call 1-800-864-2157 or 612-676-6830 between 8 a.m. and 5p.m., Monday through Friday. TTY number for hearing impaired at 612-676-6810 or 1-800-688-2534 (toll free). The Health Ride team will make the arrangements while the member is on the phone so that the ride is confirmed. Advanced scheduling is encouraged. Members using wheelchairs can be accommodated in taxicabs, as long as they are mobile enough to transfer into/out of the taxicab.

Special transport, typically via ambulance or medicab, is not scheduled through Health Ride. Members, physicians, and/or medical facility staff schedule these rides directly through the special transportation carrier.

See page 20 for additional information about transportation.

Is *UCare Secure* a Medicare Supplement Plan?

No. It is not a Medicare Supplement (Medigap) Plan. It is a Medicare Advantage Plan. With a supplement, the bill from clinic or provider is first sent to Medicare to pay according to their schedule of coverage, and then the supplement plan pays accordingly. With our plans, UCare contracts with the federal government to administer both the Original Medicare benefits and the additional benefits included in our plans, all in one coordinated package. This means members do not have to deal with Medicare co-insurance and deductibles, only the Plan co-payments, if any. Aside from filling out the initial enrollment form, there is virtually no paperwork.

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