

# Prepare for 2023 Member Plan Guide

Compare your UCare Medicare Plan options

Medicare Advantage – South





# Hello UCare member!

It's that time of year again. We're here to help you prepare for the Medicare Annual Enrollment Period. The good news is that you don't have to do anything to keep your current UCare plan. But if your health needs or financial situation have changed, you may be ready to explore your many options with UCare Medicare Advantage plans.

Each year during October 15 – December 7, you can reconsider if your Medicare Advantage plan is still right for you. We hope this guide will help you explore plan options and benefits in 2023.

For more resources on how to prepare for the upcoming enrollment season, scan the QR code below or visit **ucare.org/preparesouth.** 



Scan this code using the camera on your phone or visit **ucare.org/preparesouth** 

# Plan highlights

Your UCare Medicare Plan comes with many benefits designed to help you be your healthiest. Learn how you can use these programs.



#### **Dental coverage**

Your dental coverage depends on which plan you have. All plans include dental benefits. Some plans include preventative and restorative dental services at no additional premium. Other plans give you an annual allowance to spend on qualifying dental services. Take a look at the Brighten Your Smile dental brochure.

With some plans, you can add restorative dental services for an additional monthly premium. Benefits include additional oral exams, cleanings, X-rays, fillings and more. Learn more at **ucare.org/dental**.

#### Find a dentist

To find a dentist in the network, go to **deltadentalmn.org/find-a-dentist** and select "I want to see if a dentist is in-network" or "I'm looking for a new dentist" if you don't have one.



#### Vision coverage

All plans include a yearly routine eye exam and up to two vision tests. Diagnostic eye exams are covered by your UCare Medicare Plan with a copay. Plans also include an annual allowance for prescription eyeglasses (frame and/ or lenses) or contact lenses at any provider. See your *Evidence of Coverage* to learn more about your vision benefits.



#### Travel coverage

UCare Medicare Plans travel with you whether you're gone for a couple weeks or a few months. Now you have access to out-of-state providers with our new expanded MultiPlan® Medicare Advantage national network. At these providers, your plan works the same as in-network – giving you the same great coverage. If you see providers that are not in the UCare or MultiPlan Medicare Advantage national network, you'll have coverage with UCare Anywhere<sup>SM</sup> at any provider that accepts Medicare within the U.S., but you may pay more. Emergencies are always covered while traveling in the U.S. and worldwide with a copay.

### Member programs and resources

Improve your health with programs and resources that go beyond your covered benefits.

#### Healthy Savings®

You can save up to \$50 a week on select healthy foods including milk, eggs, fruits, vegetables and more. Add savings to your Healthy Savings account in the "Save More" section of the mobile app and Healthy Savings website below.

#### Over-the-counter (OTC) benefits

The over-the-counter (OTC) benefit through Healthy Savings can be used to purchase health items such as cough drops, first aid supplies, pain relief, sinus medications, toothpaste, and much more at participating retailers. You will receive an allowance to use twice a year. Dollars you don't use will expire semiannually on June 30 and December 31. These dollars can't be redeemed for cash.

Find participating locations, browse eligible items and get more information on how to save at **healthysavings.com/ucare**.

#### Get help to quit tobacco and nicotine

Learn how to stop smoking, vaping or chewing tobacco at no charge with our tobacco and nicotine quit line. Nicotine patches, gum or lozenges are also available to eligible UCare members. Get help to kick the habit from the comfort of your own home by:

- Calling the tobacco and nicotine guit line at 1-855-260-9713, TTY 711
- Visiting online at myquitforlife.com/ucare
- Downloading the Rally Coach Quit For Life mobile app

#### Save on classes

Get a discount up to \$15 on most community education classes in Minnesota. Check your local community education catalog or call the local school district for class times and locations. To get your discount, show your UCare member ID card when you enroll. Limit of three discounts in a calendar year (one per class enrollment).

#### **Eyewear Allowance**

UCare Medicare Plans offer an eyewear benefit with a dollar allowance for prescription glasses or contact lenses. These allowances range from \$100 to \$200, depending on the plan you choose. Keep your current Mastercard handy. The allowance will be pre-loaded at the beginning of your plan year. You will not be sent a new card for 2023.

The UCare Rewards Benefit Mastercard is a reloadable card that features:

- Flexibility, choice and ease of use
- Access to your preloaded annual eyewear allowance

Pay with your UCare Rewards Benefit Mastercard to use your eyewear allowance.



### Fitness programs

With UCare fitness benefits you can watch your dollars and your waistline. Choose between One Pass or Health Club Savings — depending on the club you prefer.

#### One Pass

One Pass is a complete fitness program for your body and mind, available to you at no additional cost. You'll have access to more than 23,000 participating fitness locations nationwide plus:

- More than 32,000 on-demand and live-streaming fitness classes
- · Workout builders to create your own workouts and walk you through each exercise
- Home fitness kits available to members who are physically unable to visit or who reside at least 15 miles outside a participating fitness location
- Personalized, online brain training program to help improve memory, attention and focus
- Nearly 30,000 social activities, community classes, and events available for online or in-person participation

For more information about One Pass, visit **ucare.org/onepass**.

#### **Health Club Savings**

Join a class, work with weights, swim some laps or try something new. Health Club Savings offers the variety you want and the flexibility you deserve. If you belong to a participating health club that is not in the One Pass network, you can receive a reimbursement of up to \$30 in your monthly health club membership fees.

#### How it works:

Bring your UCare member ID card to your health club to sign up. To see a full list of participating health clubs, visit **ucare.org/fitness**.

# Compare plans

For services at in-network providers.	UCare Prime	UCare Standard	UCare Complete	UCare Classic
<b>2023 Monthly Plan Premium</b> You must continue to pay your Medicare Part B premium	\$0	\$80	\$147	\$220
Medical deductible (most Medicare B services)	\$198	\$0	\$0	\$0
Maximum Out-of-pocket	\$7,550; then 100% covered	\$6,000; then 100% covered	\$5,300; then 100% covered	\$4,200; then 100% covered
Preventive Care	\$0 copay for many services	\$0 copay for many services	\$0 copay for many services	\$0 copay for many services
<b>Doctor Visits</b> In person or telehealth for Medicare-approved services	Primary \$22 copay Specialist \$50 copay	Primary \$0 copay Specialist \$40 copay	Primary \$0 copay Specialist \$30 copay	Primary \$0 copay Specialist \$20 copay
Inpatient Hospital Care (per admission)	\$1,500 copay per <b>stay</b> (not per day); then 100% covered	\$500 copay per <b>day</b> (days 1 – 3); then 100% covered	\$300 copay per <b>stay</b> (not per day); then 100% covered	\$125 copay per <b>stay</b> (not per day); then 100% covered
Outpatient Hospital or Procedure	\$425 copay	\$300 copay	\$250 copay	\$150 copay
Lab Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Diagnostic Tests</b> (e.g., MRI and CT scans), radiation therapy and X-rays	20% coinsurance	10% coinsurance up to a maximum of \$100 per day	10% coinsurance up to a maximum of \$75 per day	\$0 copay
Coverage When Traveling Access to out-of-state providers at in-network rates. See your Summary of Benefits for details.	MultiPlan national network and UCare Anywhere included	MultiPlan national network and UCare Anywhere included	MultiPlan national network and UCare Anywhere included	MultiPlan national network and UCare Anywhere included
<b>Dental Coverage</b> (See <i>Summary of Benefits</i> or <i>Brighten Your Smile</i> dental overview brochure for more details)	\$400 annual allowance	Routine dental with optional coverage available	Routine and restorative dental coverage at no additional cost	Routine dental with optional coverage available
Over-the-counter Benefit	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year	\$75 allowance twice a year
Hearing Services Through TruHearing®	\$699 copay for Advanced \$999 copay for Premium	\$699 copay for Advanced \$999 copay for Premium	\$599 copay for Advanced \$899 copay for Premium	\$499 copay for Advanced \$799 copay for Premium
Eyewear Allowance	\$100 annual allowance	\$100 annual allowance	\$200 annual allowance	\$200 annual allowance
Acupuncture All plans cover acupuncture for chronic low back pain, based on Medicare criteria	Doctor visit copays apply	Doctor visit copays apply	Doctor visit copays apply	Doctor visit copays apply
Fitness Programs	One Pass fitness program or Health Club Savings program	One Pass fitness program or Health Club Savings program	One Pass fitness program or Health Club Savings program	One Pass fitness program or Health Club Savings program
Medicare Part D Prescription Drug Coverage Cost sharing shown at preferred pharmacy rates	Annual deductible Tier 1 = \$0 Tiers 2 - 5 = \$480 Cost sharing Tier 1 = \$3 copay Tier 2 = 20% coinsurance Tier 3 = 20% coinsurance Tier 4 = 50% coinsurance Tier 5 = 25% coinsurance	Annual deductible Tier 1 = \$0 Tiers 2 - 5 = \$480 Cost sharing Tier 1 = \$3 copay Tier 2 = \$10 copay Tier 3 = 17% coinsurance Tier 4 = 50% coinsurance Tier 5 = 25% coinsurance	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 - 5 = \$235 Cost sharing Tier 1 = \$0 copay Tier 2 = \$10 copay Tier 3 = \$47 copay Tier 4 = 50% coinsurance Tier 5 = 29% coinsurance	Annual deductible Tiers 1–5 = \$0  Cost sharing Tier 1 = \$0 copay Tier 2 = \$7 copay Tier 3 = \$35 copay Tier 4 = 45% coinsurance Tier 5 = 33% coinsurance

This is not a complete list of benefits. For a complete list, see your *Evidence of Coverage*, available at **ucare.org**.

# Compare plans

For services at in-network providers.	UCare Value Plus	UCare Value
2023 Monthly Plan Premium You must continue to pay your Medicare Part B premium	\$0	\$29
Medical deductible (most Medicare B services)	\$0	\$0
Maximum Out-of-pocket	\$5,500; then 100% covered	\$3,400; then 100% covered
Preventive Care	\$0 copay for many services	\$0 copay for many services
Doctor Visits In person or telehealth for Medicare-approved services	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$35 copay
Inpatient Hospital Care (per admission)	\$150 copay per <b>day</b> (days 1 – 5); then 100% covered	\$200 copay per <b>stay</b> (not per day); then 100% covered
Outpatient Hospital or Procedure	\$250 copay	\$250 copay
Lab Services	\$0 copay	\$0 copay
<b>Diagnostic Tests</b> (e.g., MRI and CT scans), radiation therapy and X-rays	20% coinsurance up to a maximum of \$75 per day	10% coinsurance up to a maximum of \$50 per day
Coverage When Traveling Access to out-of-state providers at in-network rates. See your Summary of Benefits for details.	MultiPlan national network and UCare Anywhere included	MultiPlan national network and UCare Anywhere included
<b>Dental Coverage</b> (See <i>Summary of Benefits</i> or <i>Brighten Your Smile</i> dental overview brochure for more details)	Routine dental with optional coverage available	Routine and restorative dental coverage at no additional cost
Over-the-counter Benefit	\$75 allowance twice a year	\$75 allowance twice a year
Hearing Services Through TruHearing®	\$699 copay for Advanced \$999 copay for Premium	\$599 copay for Advanced \$899 copay for Premium
Eyewear Allowance	\$100 annual allowance	\$150 annual allowance
Acupuncture All plans cover acupuncture for chronic low back pain, based on Medicare criteria	Doctor visit copays apply	Doctor visit copays apply
Fitness Programs	One Pass fitness program or Health Club Savings program	One Pass fitness program or Health Club Savings program
Medicare Part D Prescription Drug Coverage Cost sharing shown at preferred pharmacy rates	May not pair with a standalone Part D plan	May not pair with a standalone Part D plan

Notes

This is not a complete list of benefits. For a complete list, see your *Evidence of Coverage*, available at **ucare.org**.

### Medicare Part D

#### Initial coverage phase

Different prescription drugs are covered under different "tiers" or categories. Each tier has its own cost-sharing amount, as shown in this chart.

Some tiers, like Tier 1 preferred generic drugs, are not subject to the deductible. You'll pay either \$0 or the amount shown in the chart when you pick up for prescription.

If the deductible applies to your prescriptions, you'll first pay full cost until you spend the amount of your deductible. After that, you'll just owe the cost-sharing amounts shown.



#### Value Plan coverage

UCare Value and UCare Value Plus plans do not cover Part D drugs or Part D vaccines. If you are a UCare Value or Value Plus member, unless you have coverage through TriCare or similar, you will pay the full cost of Part D drugs and vaccines. This is true whether you receive the vaccine in your doctor's office or at a pharmacy.

	UCare Prime	UCare Standard	UCare Complete	UCare Classic	UCare Value Plus	UCare Value
Medicare Part D Coverage — included with these plan options at no additional premium					Medicare Part	
Cost Sharing for Deductible: You pay the full cost of your drugs until you reach this amount	Tier 1 = \$0 Tiers 2 - 5 = \$480	Tier 1 = \$0 Tiers 2 - 5 = \$480	Tiers 1 & 2 = \$0 Tiers 3 - 5 = \$235	Tiers 1 – 5 = \$0	D drugs are not covered in UCare Value Plus.	D drugs are not covered in UCare Value.
Initial Coverage Phase: From \$0 to \$4,660 in annual prescription drug costs. After you meet the deductible, you pay the amounts listed below					Note: You	Note: You
Cost Sharing (Retail): Our network includes pre	ferred pharmacies, which o	ffer lower cost sharing than	standard network pharmacie	2S	member of this plan and a standalone Medicare Part D plan at the same time. If you want both medical and prescription drug coverage, choose one of the other UCare Medicare Plans.  These plans are designed for those who have drug coverage through the Veteran's Administration or member plan are alone Mears plan are alone Mears plan are drug coverage the other UCare who have drug coverage through the Veteran's Administration or Administration alone Mears plan are alone	CANNOT be a member of this plan and a standalone Medicare Part D plan at the same time. If you want both medical and prescription drug coverage, choose one of
<b>Tier 1</b> Preferred generic drugs	Retail — 30-day supply Preferred: \$3 copay Standard: \$12 copay	Retail — 30-day supply Preferred: \$3 copay Standard: \$12 copay	Retail — 30-day supply Preferred: \$0 copay Standard: \$12 copay	Retail — 30-day supply Preferred: \$0 copay Standard: \$10 copay		
<b>Tier 2</b> Generic drugs	Retail — 30-day supply Preferred: 20% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: \$10 copay Standard: \$20 copay	Retail — 30-day supply Preferred: \$10 copay Standard: \$20 copay	Retail — 30-day supply Preferred: \$7 copay Standard: \$17 copay		
Tier 3 Preferred brand drugs Select insulin Preferred: \$30 copay Standard: \$35 copay	Retail — 30-day supply Preferred: 20% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: 17% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: \$47 copay Standard: \$47 copay	Retail — 30-day supply Preferred: \$35 copay Standard: \$45 copay		the other UCare Medicare Plans.  These plans are designed for those who have drug coverage through
<b>Tier 4</b> Non-preferred drugs	Retail — 30-day supply Preferred: 50% coinsurance Standard: 50% coinsurance	Retail — 30-day supply Preferred: 50% coinsurance Standard: 50% coinsurance	Retail — 30-day supply Preferred: 50% coinsurance Standard: 50% coinsurance	Retail — 30-day supply Preferred: 45% coinsurance Standard: 45% coinsurance		the Veteran's Administration or other programs.
<b>Tier 5</b> Specialty drugs	Retail — 30-day supply Preferred: 25% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: 25% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: 29% coinsurance Standard: 29% coinsurance	Retail — 30-day supply Preferred: 33% coinsurance Standard: 33% coinsurance		

For a detailed comparison of Part D coverage, refer to the *Evidence of Coverage* at **ucare.org**.

#### Insulin

Members won't pay more than \$35 for a one-month supply of each insulin product covered by your plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

#### **Vaccines**

Your plan covers flu, pneumonia and most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call your pharmacy to find out if an appointment is needed.

#### How to know if a vaccine is Part B or Part D

Medicare codes vaccines under Part B or Part D. The code often depends on the situation. For example, if you step on a nail and need a shot to prevent tetanus, the vaccine falls under Part B, due to the injury. If you have no injury and are due for a booster shot, the vaccine falls under Part D.

Example: How vaccines are covered

Always Part B coverage	Part B or Part D coverage	Always Part D coverage
Flu	Tetanus	Shingles
Pneumonia	Hepatitis B	Hepatitis A

### Refer a friend

Love your UCare? Share your good experience with friends who are ready for a new Medicare plan. They can call 1-877-523-1518, 8 am – 8 pm, seven days a week and request a consult with one of our Medicare de-complicators, or contact a local Medicare broker.

## Quick reference

# Considering changing UCare Medicare Plans?

Talk with a UCare de-complicator about your Medicare options. We're helpers, and we're here for you when you need us. Feel free to call, register and attend an online member meeting or visit us online whenever you have questions about your plan or coverage.

#### Call customer service

Send a secure message to customer service through your member account or call: 612-676-3600 or 1-877-523-1515 TTY 1-800-688-2534 8 am – 8 pm, seven days a week

### Mental Health and Substance Use Disorder Services

Get support during a crisis or connected with community resources by calling 612-676-6533 or 1-833-276-1185 TTY 1-800-688-2534 8 am – 5 pm, Monday – Friday

#### Attend a member meeting

Prepare for 2023 online meetings will be held each Wednesday at 1:00 pm from October 12 – November 16, 2022.
Sign up at ucare.org/preparesouth

# Other important numbers and resources

#### **Express Scripts Mail Order**

1-877-567-6320 24 hours a day, seven days a week express-scripts.com

### Healthy Savings and over-the-counter benefit

1-833-862-8276, TTY 711 **healthysavings.com/ucare** 

#### One Pass

1-877-504-6830, TTY 711 8 am – 9 pm, Monday – Friday ucare.org/onepass

#### **Delta Dental**

1-855-648-1416, TTY 711 7 am – 7 pm, Monday – Friday deltadentalmn.org/find-a-dentist

#### Tobacco and nicotine quit line

1-855-260-9713, TTY 711 24 hours a day, seven days a week myquitforlife.com/ucare

11

#### **TruHearing**

1-833-725-6518, TTY 711 8 am – 8 pm, Monday – Friday truhearing.com/ucare-hs

# Directories, formularies (list of covered drugs) and other plan documents

You can find out which doctors, hospitals, clinics and pharmacies are in your UCare plan network or which prescription drugs are covered at **search.ucare.org**. You can also find your *Evidence of Coverage* and other plan documents online under "plan resources."

If you have questions, or would like us to mail a document to you, please send us a message through your online member account at **ucare.org**. Or call customer service.

#### **Notice of Nondiscrimination**

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide <u>aids and services at no charge to people with disabilities</u> to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at 612-676-3200 (voice) or toll free at 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

We provide <u>language</u> services at no charge to people whose primary <u>language</u> is not <u>English</u>, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the number on the back of your membership card or 612-676-3200 or toll free at 1-800-203-7225 (voice); 612-676-6810 or toll free at 1-800-688-2534 (TTY).

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

#### Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call **612-676-3200** or toll free at **1-800-203-7225** (voice); **612-676-6810** or toll free at **1-800-688-2534** (TTY). You can also use these numbers if you need assistance filing a grievance.

#### Written grievance

Mailing Address

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: <a href="mailto:cag@ucare.org">cag@ucare.org</a>
Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 612-676-3200/1-800-203-7225(TTY: 612-676-6810/1-800-688-2534)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያባዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟ်သူဉ်ဟ်သး-နမ့်္။ကတိုး ကညီ ကျိဉ်အဃိ, နမၤန့်၊ ကျိဉ်အတာ်မၤစားလာ တလာဉ်ဘူဉ်လာဉ်စ္၊ နီတမံးဘဉ်သံ့နှဉ်လီး ကိုး 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ក្ន៖ បើសិនជាអ្នកនិយា ភាសារ័ខ្មរ, រសវាជំនួយវ័ឌ្នកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរវីអ្នក។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/ 1-800-688-2534)។

ملحوظة :إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان اتصل برقم 612-670-6810/1-800-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

UCare Minnesota is an HMO-POS plan with a Medicare contract. Enrollment in UCare Minnesota depends on contract renewal.

MultiPlan is a registered trademark of Multiplan, Inc.

Healthy Savings is a registered trademark of Solutran, Inc.

TruHearing is a registered trademark of TruHearing, Inc.

### **%Ucare**

500 Stinson Blvd
Minneapolis, MN 55413
612-676-3600 | 1-877-523-1515
TTY 1-800-688-2534
8 am – 8 pm, seven days a week (Oct. 1 – March 31)
8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)
ucare.org

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