



Prepare for 2023 Member Plan Guide

Compare your UCare Medicare Plan options

Medicare Advantage – Metro



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/preparemetro.



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

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 AnywhereSM 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 quit 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 Aware	UCare Essentials Rx	UCare Complete	UCare Classic
2023 Monthly Plan Premium You must continue to pay your Medicare Part B premium	\$0	\$24	\$52	\$97	\$175
Maximum Out-of-pocket	\$6,000; then 100% covered	\$5,400; then 100% covered	\$3,800; then 100% covered	\$3,000; then 100% covered	\$2,800; 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	\$0 copay for many services
Doctor Visits In person or telehealth for Medicare-approved services	Primary \$25 copay Specialist \$50 copay	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$30 copay	Primary \$0 copay Specialist \$20 copay
Inpatient Hospital Care (per admission)	\$350 copay per day (days 1 – 5); then 100% covered	\$250 copay per day (days 1 – 5); then 100% covered	\$400 copay per stay (not per day); then 100% covered	\$150 copay per stay (not per day); then 100% covered	\$125 copay per stay (not per day); then 100% covered
Outpatient Hospital or Procedure	\$425 copay	\$300 copay	\$300 copay	\$250 copay	\$150 copay
Lab Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic Tests (e.g., MRI and CT scans), radiation therapy and X-rays	20% coinsurance	20% coinsurance up to a maximum of \$75 per day	10% coinsurance up to a maximum of \$75 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 <i>Summary of Benefits</i> for details.	MultiPlan national network and UCare Anywhere SM included	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
Dental Coverage (see <i>Summary of Benefits</i> or <i>Brighten Your Smile</i> dental overview brochure for more details)	\$400 annual allowance	\$600 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	\$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	\$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	\$150 annual allowance	\$150 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	Doctor visit copays apply 12 additional routine acupuncture visits covered, \$20 copay per visit
Fitness Programs	Basic membership	Basic membership	Basic membership	Basic membership	Basic membership
Medicare Part D Prescription Drug Coverage Copays shown at preferred pharmacy rates	Annual deductible Tier 1 = \$0, Tiers 2 – 5 = \$480 Copays Tier 1 = \$3 Tier 2 = \$10 Tier 3 = 17% Tier 4 = 50% Tier 5 = 25%	Annual deductible Tier 1 = \$0, Tiers 2 – 5 = \$345 Copays Tier 1 = \$2 Tier 2 = \$10 Tier 3 = 17% Tier 4 = 50% Tier 5 = 27%	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$345 Copays Tier 1 = \$2 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = 50% Tier 5 = 27%	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$235 Copays Tier 1 = \$0 Tier 2 = \$10 Tier 3 = \$47 Tier 4 = 50% Tier 5 = 29%	Annual deductible Tiers 1 – 5 = \$0 Copays Tier 1 = \$0 Tier 2 = \$7 Tier 3 = \$35 Tier 4 = 45% Tier 5 = 33%

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.

	Plans that do not include Part D		Partner plans with M Health Fairview & North Memorial Health	
	UCare Value Plus	UCare Value	Care Wise	Care Core
2023 Monthly Plan Premium You must continue to pay your Medicare Part B premium	\$0 (includes \$30 reduction on your Part B premium)	\$29	\$0 (includes \$19 reduction on your Part B premium)	\$42
Maximum Out-of-pocket	\$5,500; then 100% covered	\$3,400; then 100% covered	\$5,800; then 100% covered	\$5,500; 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
Doctor Visits In person or telehealth for Medicare-approved services	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$35 copay	Primary \$0 copay Specialist \$45 copay	Primary \$0 copay Specialist \$40 copay
Inpatient Hospital Care (per admission)	\$150 copay per day (days 1 – 5); then 100% covered	\$200 copay per stay (not per day); then 100% covered	\$350 copay per day (days 1 – 5); then 100% covered	\$250 copay per day (days 1 – 5); then 100% covered
Outpatient Hospital or Procedure	\$250 copay	\$250 copay	\$395 copay	\$250 copay
Lab Services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic Tests (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	20% coinsurance	10% coinsurance up to a maximum of \$150 per day
Coverage When Traveling Access to out-of-state providers at in-network rates. See your <i>Summary of Benefits</i> for details.	MultiPlan national network and UCare Anywhere included	MultiPlan national network and UCare Anywhere included	Multiplan national network plus out-of-network coverage for certain services	Multiplan national network plus out-of-network coverage for certain services
Dental Coverage (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	\$300 annual allowance	Routine and restorative dental coverage at no additional cost
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	\$599 copay for Advanced \$899 copay for Premium	\$699 for Advanced Aid \$999 for Premium Aid	\$699 for Advanced Aid \$999 for Premium Aid
Eyewear Allowance	\$100 annual allowance	\$150 annual allowance	\$100 annual allowance	\$100 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	Basic membership	Basic membership	Basic membership	Basic membership
Medicare Part D Prescription Drug Coverage Copays shown at preferred pharmacy rates	May not pair with a standalone Part D plan	May not pair with a standalone Part D plan	Annual deductible Tier 1 = \$0 Tiers 2 – 5 = \$480 Copays Tier 1 = \$3 Tier 2 = \$15 Tier 3 = 17% Tier 4 = 50% Tier 5 = 25%	Annual deductible Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$395 Copays Tier 1 = \$3 Tier 2 = \$15 Tier 3 = \$47 Tier 4 = 50% Tier 5 = 26%

This is not a complete list of benefits. For a complete list, see your *Evidence of Coverage*, available at [ucare.org](https://www.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 Aware	UCare Essentials Rx	UCare Complete	UCare Classic	Care Wise	Care Core
Medicare Part D Coverage — included with these plan options at no additional premium							
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 = \$345	Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$345	Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$235	Tiers 1 – 5 = \$0	Tier 1 = \$0 Tiers 2 – 5 = \$480	Tiers 1 & 2 = \$0 Tiers 3 – 5 = \$395
Initial Coverage Phase: From \$0 to \$4,430 in annual prescription drug costs. After you meet the deductible, you pay the amounts listed below							
Cost Sharing (Retail): Our network includes preferred pharmacies, which offer lower cost sharing than standard network pharmacies							
Tier 1 Preferred generic drugs	Retail — 30-day supply Preferred: \$3 copay Standard: \$12 copay	Retail — 30-day supply Preferred: \$2 copay Standard: \$12 copay	Retail — 30-day supply Preferred: \$2 copay Standard: \$12 copay	Retail — 30-day supply Preferred: \$0 copay Standard: \$12 copay	Retail — 30-day supply Preferred: \$0 copay Standard: \$10 copay	Retail — 30-day supply Preferred: \$3 copay Standard: \$12 copay	Retail — 30-day supply Preferred: \$3 copay Standard: \$12 copay
Tier 2 Generic drugs	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: \$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	Retail — 30-day supply Preferred: \$15 copay Standard: \$20 copay	Retail — 30-day supply Preferred: \$15 copay Standard: \$20 copay
Tier 3 Preferred brand drugs	Retail — 30-day supply Preferred: 17% 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: \$47 copay Standard: \$47 copay	Retail — 30-day supply Preferred: \$35 copay Standard: \$45 copay	Retail — 30-day supply Preferred: 17% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: \$47 copay Standard: \$47 copay
Tier 4 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: 50% coinsurance Standard: 50% coinsurance	Retail — 30-day supply Preferred: 45% coinsurance Standard: 45% coinsurance	Retail — 30-day supply Preferred: 50% coinsurance Standard: 50% coinsurance	Retail — 30-day supply Preferred: 50% of the cost Standard: 50% of the cost
Tier 5 Specialty drugs	Retail — 30-day supply Preferred: 25% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: 27% coinsurance Standard: 27% coinsurance	Retail — 30-day supply Preferred: 27% coinsurance Standard: 27% coinsurance	Retail — 30-day supply Preferred: 29% coinsurance Standard: 29% coinsurance	Retail — 30-day supply Preferred: 33% coinsurance Standard: 33% coinsurance	Retail — 30-day supply Preferred: 25% coinsurance Standard: 25% coinsurance	Retail — 30-day supply Preferred: 26% of the cost Standard: 26% of the cost

For a detail comparison of Part D coverage refer to the *Evidence of Coverage*, available 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 Pneumonia	Tetanus Hepatitis B	Shingles Hepatitis A

Refer a friend

Love your UCare plan? 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/prepagemetro

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

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 aids and services at no charge to people with disabilities 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 language services at no charge to people whose primary language is not English, 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: cag@ucare.org
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 <http://www.hhs.gov/ocr/office/file/index.html>.

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, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟ်သုဉ်ဟ်သး-နမုၢ်ကတိၢ် ကညိ ကျိၣ်အယိ, နမၤန့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢ်ဘျုးလၢ်စ့ၤ နီတမံၤဘျုးသုန့ၣ်လီၤ. ကိး 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).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយវីដេអូភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បរិវេណ។ 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 612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

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).

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