UCare

HEALTH CARE
that starts with: You!

A guide to comparing your options . . .

Minnesota **2016**

UCare for Seniors	**Value**	(HMO-POS)
UCare for Seniors	**Essentials Rx**	(HMO-POS)
UCare for Seniors	**Value Plus**	(HMO-POS)
UCare for Seniors	**Classic**	(HMO-POS)

H2459_073015 CMS Approved (08112015)

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

Table of Contents

About us 1

Service area 3

***UCare for Seniors* benefits comparison - highlights** 4

Different options to meet your individual needs 6

Frequently asked questions 7

- Am I eligible to enroll in *UCare for Seniors*?
- What is Medicare?
- When and how do I enroll in Medicare?
- How is *UCare for Seniors* different from a Medicare supplement?
- Is my doctor in your network?
- What are Star Ratings and why are they important?
- Why should I choose *UCare for Seniors*?

***UCare for Seniors* benefits comparison - details** 10

- Preventive Health Care
- Outpatient Care
- Inpatient Hospital Care
- Outpatient Hospital Services
- Outpatient Surgery
- Other Supplies and Services
- Medicare Part B Drugs
- Emergency at Home and While Traveling Within the United States (and its Territories)
- Emergency Care Worldwide
- Out-of-Network Coverage for Non-Emergencies
- Vision Services
- Hearing Services
- Dental Services
- Mental Health and Substance Abuse Care
- Skilled Nursing Facility Care
- Home Health Care
- Hospice
- Fitness Programs

- Resources to Stop Using Tobacco
- UCare 24/7 Nurse Line
- Out-of-Pocket Maximum

Medicare Part D outpatient prescription drug coverage. 28

- What is Medicare Part D?
- Do I have to enroll in Medicare Part D?
- Types of Medicare Part D plans
- What does Medicare Part D cost with *UCare for Seniors*?
- Medicare Part D vaccines
- What is the specific Part D coverage included with each *UCare for Seniors* plan option?
- How do I know if my drugs will be covered?
- Mail order through Express Scripts
- Where can I fill my prescriptions? Can I get more than a 30-day supply?
- Additional requirements or limits on covered drugs

Care Management and Prior Authorizations 33

Enrolling in *UCare for Seniors* 34

- When can I join, change, or leave Medicare health plans?
- How do I enroll?
- How do I pay for the plan?
- What's next?

Items and services not covered 38

Contact information 39

About us

UCare is an independent, nonprofit health plan providing health coverage and services to more than 500,000 members in Minnesota.

Founded in 1984 by the Department of Family Practice and Community Health at the University of Minnesota, UCare serves four specific populations:

- Medicare-eligible individuals.
- Those seeking high-quality insurance in MNsure, the health care marketplace.
- Families and individuals enrolled in Minnesota Health Care Programs, such as Minnesota's Basic Healthcare Program and Medical Assistance.
- Adults with disabilities.

As the organization continues to grow, UCare remains committed to its mission.

The UCare Mission

UCare will improve the health of our members through innovative services and partnerships across communities.

Values

Our business decisions are guided by these values:

- Integrity.
- Community.
- Quality.
- Flexibility.
- Respect.

Service area

UCare for Seniors offers four different plan options. Two of these options, Value and Essentials Rx, are available in all 87 counties in Minnesota. Two additional options, Value Plus and Classic, are only available in certain counties in Minnesota.

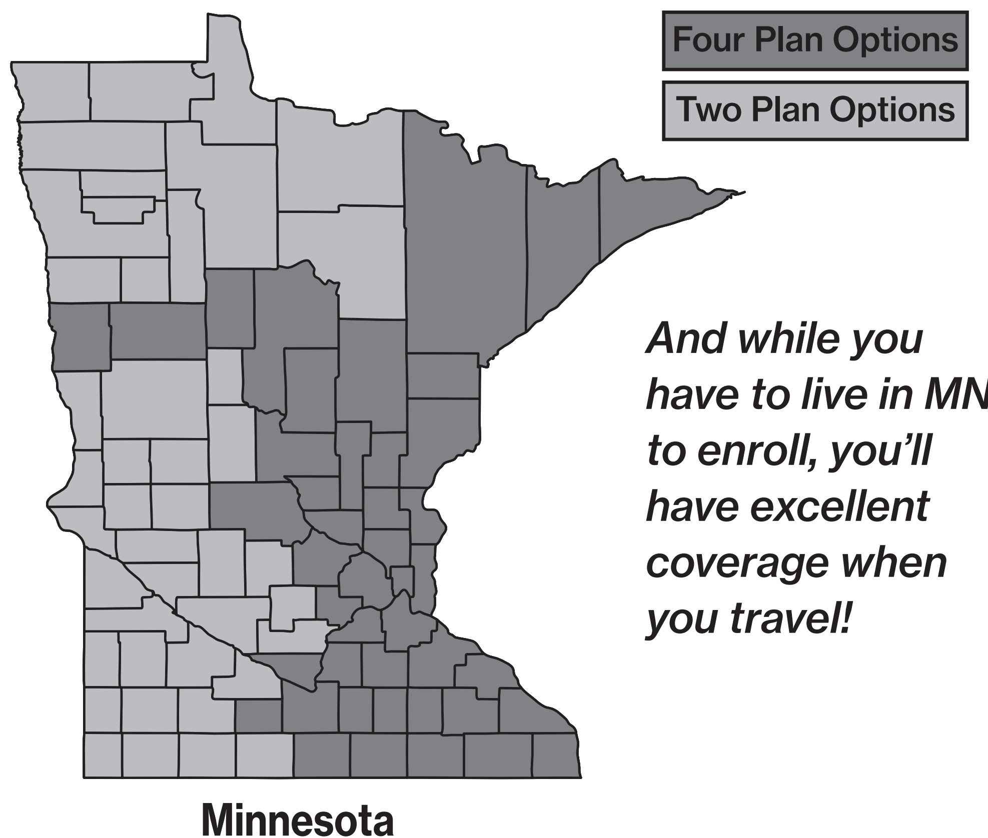
Here is the breakdown of *UCare for Seniors* plan options and associated counties.

Four plan options are available in the following counties in MN:

Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chisago, Clay, Cook, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Hennepin, Houston, Hubbard, Isanti, Kanabec, Lake, Le Sueur, Mille Lacs, Morrison, Mower, Nicollet, Olmsted, Pine, Ramsey, Rice, Scott, Sherburne, St. Louis, Stearns, Steele, Wabasha, Waseca, Washington, Watonwan, Winona, and Wright counties.

Two plan options are available in the following counties in MN:

Beltrami, Big Stone, Brown, Chippewa, Clearwater, Cottonwood, Douglas, Grant, Itasca, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meeker, Murray, Nobles, Norman, Otter Tail, Pennington, Pipestone, Polk, Pope, Red Lake, Redwood, Renville, Rock, Roseau, Sibley, Stevens, Swift, Todd, Traverse, Wadena, Wilkin, and Yellow Medicine counties.



UCare for Seniors benefits comparison - highlights

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copays, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

	Value H2459-001	**Essentials Rx** H2459-019
2016 monthly premium	**$39**	**$52**
Primary care doctor office visits	**$0** copay	**$15** copay
Specialist office visits (no referrals needed)	**$30** copay	**$40** copay
Inpatient hospital care (per admission)	**$400** copay per stay, (not per day); then **100%** coverage	**$300** copay per day (days 1-5) , then **100%** coverage
Lab services	**$0** copay	**$0** copay
Emergency care (worldwide)	**$75** copay	**$75** copay
Medicare Part D prescription drug coverage (for specific cost sharing, please see pages 29–30.)	Not covered. You CANNOT be a memeber of Value and a stand-alone Part D plan at the same time.	• Annual deductible: **$100** • Copays based on drug tiers
Dental coverage	Medicare-covered dental plus some extra dental coverage	Medicare-covered dental plus some extra dental coverage
Vision coverage	**$0** copay for annual routine eye exam **$0** copay for Medicare-covered glaucoma screening **$30** copay for diagnostic eye exams	**$0** copay for annual routine eye exam **$0** copay for Medicare-covered glaucoma screening **$40** copay for diagnostic eye exams
Hearing coverage	**$0** copay for annual routine hearing test **$30** copay for diagnostic hearing exams	**$0** copay for annual routine hearing test **$40** copay for diagnostic hearing exams
Fitness Programs	Healthways SilverSneakers® Fitness Program or Health Club Savings Program	Healthways SilverSneakers® Fitness Program or Health Club Savings Program
Out of Pocket Max	**$3,400**	**$3,400**

Only available in certain counties in MN. See page 3.	
Value Plus H2459-013	**Classic** H2459-002
$135	**$181**
$0 copay	**$0** copay
$30 copay	**$20** copay
$400 copay per stay, (not per day); then **100%** coverage	**$200** copay per stay (not per day); then **100%** coverage
$0 copay	**$0** copay
$75 copay	**$75** copay
• Annual deductible: **$50** • Copays based on drug tiers	• No deductible • Copays based on drug tiers • Coverage for many generics in gap
Medicare-covered dental plus some extra dental coverage	Medicare-covered dental plus preventive dental paid in full Additional ***UCare Comprehensive Dental*** coverage available for **$24 month**
$0 copay for annual routine eye exam **$0** copay for Medicare-covered glaucoma screening **$30** copay for diagnostic eye exams	**$0** copay for annual routine eye exam **$0** copay for Medicare-covered glaucoma screening **$20** copay for diagnostic eye exams **$75** annual benefit allowance for eyeglasses or contacts at any provider
$0 copay for annual routine hearing test **$30** copay for diagnostic hearing exams	**$0** copay for annual routine hearing test **$20** copay for diagnostic hearing exams **$500** benefit allowance every 36 months for hearing aids (does not accrue)
Healthways SilverSneakers® Fitness Program or Health Club Savings Program	Healthways SilverSneakers® Fitness Program or Health Club Savings Program
$3,400	**$3,400**

See a more detailed benefits comparison starting on page 10.

Different options to meet your individual needs

UCare for Seniors offers four* different plan options to choose from to meet your unique needs. We created these options based on input from Medicare beneficiaries like you. These plan options include:

- ***UCare for Seniors*** **Value**
  - ***Who buys Value?*** The Value plan offers solid medical coverage, but it does not include Medicare Part D prescription drug coverage. This is a great plan for people who want peace of mind knowing they are able to access medical care from our extensive list of network providers, but who have other drug coverage, such as the VA (Department of Veteran's Affairs). This plan includes some preventive dental and fitness options.

    Note: You cannot be a member of the Value plan and a stand-alone Medicare Part D plan at the same time.

- ***UCare for Seniors*** **Essentials Rx**
  - ***Who buys Essentials Rx?*** The Essentials Rx plan is a great option for people who want a lower monthly premium because they don't expect to use a lot of services and/or can afford to pay for some services, so would be willing to pay a little more in copays if services were needed. This plan also includes some preventive dental, fitness options, and Medicare Part D prescription drug coverage.

- ***UCare for Seniors*** **Value Plus**
  - ***Who buys Value Plus?*** The Value Plus plan provides the same solid medical coverage, and some preventive dental as with the Value plan noted above, but also includes Medicare Part D. With Value Plus, you will gain peace of mind knowing you are well protected for your medical and prescription drug needs.

- ***UCare for Seniors*** **Classic**
  - ***Who buys Classic?*** The Classic plan is our most comprehensive option and has the fewest and lowest cost-share for medical services. This plan includes some extras such as coverage for eyewear, hearing aids, fitness options and full preventive dental (and the option to add *UCare Comprehensive Dental*). Even more, this plan includes enhanced Medicare Part D prescription drug coverage, covering most generic drugs through the coverage gap stage *(with copays).*

UCare for Seniors** ***Value Plus and Classic are only offered in certain counties. ***See page 3 for more details on the service area for each plan option.***

Frequently asked questions

Am I eligible to enroll in *UCare for Seniors*?

To be eligible you must:

- Have Medicare Part A and Part B (by age or disability). You must continue to pay your Medicare Part B premium (unless paid for under Medicaid or by another third party).
- Reside in the service area (the state of Minnesota).
- Not have end-stage renal disease (kidney failure), in most cases.

No physical exam or other health screening is required. You must enroll within a valid election period. See page 34 for information on election periods.

What is Medicare?

Medicare is a national health insurance program administered by the federal government that provides coverage to most people who are age 65 and older, or who meet special criteria.

There are two parts to what is referred to as "Original Medicare:" Part A - Hospital Insurance and Part B - Medical Insurance. Most people do not pay a monthly premium for Part A. In 2015, most people paid $104.90 per month for Medicare Part B, although those with higher incomes paid more.

When and how do I enroll in Medicare?

Even though the retirement age for full Social Security benefits continues to increase, you can still get Medicare at age 65 (if qualified).

If you are receiving Social Security benefits prior to age 65: you should automatically receive your Medicare card approximately three to four months before your 65th birthday. Your Medicare Part A and Part B will start on the first day of your birthday month (unless your birthday falls on the first, in which case it will start the first of the previous month). You do not need to do anything further if you want your Medicare to begin.

MEDICARE HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)
NAME OF BENEFICIARY
JOHN DOE
MEDICARE CLAIM NUMBER SEX
000-00-0000-A MALE
IS ENTITLED TO EFFECTIVE DATE
HOSPITAL (PART A) 01-01-2007
MEDICAL (PART B) 01-01-2007
SIGN HERE →
SAMPLE

If you are not drawing Social Security benefits prior to age 65 but want your Medicare to begin at age 65: you will need to enroll in Medicare Part A and Part B about three months before your birthday month. You may apply online at *www.SocialSecurity.gov/medicareonly*, via telephone appointment at 1-800-772-1213 (TTY 1-800-325-0778), or in person at a local Social Security office. (*Note: For Railroad retirees, the Railroad Retirement Board handles this enrollment at 1-800-833-4455. TTY users call 312-751-4701).* To get Medicare Part B coverage when first eligible, you must enroll during the three months before your month of eligibility. If you wait until your month of eligibility or the three months following to sign up, your start date for coverage will be delayed.

When eligible for Medicare, if you or your spouse are actively employed and you have employer group coverage through that employer: you may waive your Medicare Part B to avoid paying the monthly premium and pick it up at a later date without penalty. *Note: If the employer has 20 or fewer employees, check with the employer regarding how their coverage interacts with Medicare.* You will want to compare the costs and benefits of waiving Medicare Part B and staying on your employer plan with the costs and benefits of enrolling in Medicare Part B and a health plan like *UCare for Seniors.*

Also, if you or your spouse work for three months or less beyond your birthday month, you should work closely with Social Security to determine if your Medicare Part B can begin when you want it to.

If you choose to waive Medicare Part B: When active employment ends or you leave the employer group coverage (whichever occurs first), you can apply for Part B to start as soon as the first of the following month after termination of employment and/or group coverage. You must apply within eight months to avoid a penalty. The employer will need to complete a verification form. You can then enroll in *UCare for Seniors* and request coverage to begin on the same date as your Medicare Part B, so there is no break in coverage. *Note: If you choose to stay on a COBRA plan after leaving active employment, you must enroll in Part B within eight months or you will have to wait until the General Enrollment Period and a penalty may apply. The General Enrollment Period to apply for Part B is between 1/1-3/31 for a 7/1 effective date.*

How is *UCare for Seniors* different from a Medicare supplement?

With a Medicare supplement (sometimes called a "Medigap" plan), the bills you receive from your providers are first sent to Medicare to pay according to their schedule of coverage, then to your supplement. There is no contract between Medicare and the supplement, and Medicare supplements are not allowed to include Medicare Part D prescription drug coverage in their plans.

In contrast, *UCare for Seniors* is a Medicare Advantage Plan (also called Medicare Part C) that contracts with the federal government to administer Medicare Part A and Part B, and the additional benefits included with *UCare for Seniors*. *UCare for Seniors* includes all the benefits provided by Original Medicare, plus additional benefits. Because your health coverage is in one coordinated package, you do not have to deal with Medicare's deductibles and coinsurances – only the cost sharing (copays, coinsurance) with our plans. Aside from filling out your initial enrollment form, there is virtually no paperwork once you have enrolled.

Also, because your *UCare for Seniors* membership covers your Medicare benefits, you will only show your UCare member identification card to gain access to the services and benefits provided. You will no longer use your Medicare card, although you will still have Medicare Part A and Part B.

Is my doctor in your network?

UCare for Seniors has an extensive provider network. When you enroll, you choose a primary care clinic where you will go to receive most of your care. Within this clinic you may see any physician. In addition, you may see any specialist in the *UCare for Seniors* network without a referral. It is important to know which providers are part of our network. While you are a member of our plan, you must use network providers to get your medical care and services covered at in-network cost-share levels. Exceptions to this would include emergency care, urgent care, out-of-area dialysis services, lab services, Medicare-covered preventive screenings, and cases in which the plan authorizes use of out-of-network providers. You can obtain certain covered services from out-of-network providers through the Point-of-Service benefit at different cost-share levels. See page 18 for specifics.

For additional information about our provider network including a complete listing of primary care clinics, refer to the *Provider Information* section in the *UCare for Seniors* information kit.

What are Star Ratings and why are they important?

The Centers for Medicare & Medicaid Services (CMS), the agency that manages Medicare, evaluates health plans each year based on a 5-star rating system.* Star ratings are one indicator of a health plans dedication to providing excellent customer service and quality of care. CMS gave *UCare for Seniors* an overall 4.5 star rating, which is above average and puts us near the top nationally, and our members helped us get there by taking charge of their health. Star ratings increase the funding UCare receives from CMS. As a nonprofit plan, CMS funding is an important resource that helps support our efforts to control health care costs and to provide quality coverage to our members.

We help our members stay healthy by covering recommended preventive care and screenings such as mammograms and colonoscopies. When you enroll in *UCare for Seniors*, we will be your partner in maintaining your health or helping you manage chronic conditions… and you can even earn rewards and incentives for doing so!

Why should I choose *UCare for Seniors*?

With *UCare for Seniors*, you will experience:

- **Simplicity**: UCare contracts with the federal government to administer both Medicare Part A and Part B, and to provide additional benefits – all in one coordinated package. Three of our plan options include Medicare Part D outpatient prescription drug coverage.

- **Access**: Our provider network includes more than 13,165 primary care physicians, 10,281 specialists, and 202 hospitals. Even when you travel, you maintain excellent coverage.
- **Value**: We work hard to provide you with comprehensive health benefits at an affordable price. For every dollar we receive in member premiums, 92 cents goes toward paying health care claims and quality improvement.
- **Quality and performance**: In 2015, Medicare awarded *UCare for Seniors* an overall rating of 4.5 out of 5 stars, which places UCare in the top 11% of health plans in the country.* This rating provides a way for you to compare Medicare health plans for overall quality of care and member satisfaction. Included in this rating is the number of our members who receive screenings, vaccines, and check-ups to help them stay healthy, so it is important that our members visit their doctor to make sure they are current on recommended preventive screenings.

**Medicare evaluates plans based on a 5-star rating system. Star ratings are calculated each year and may change from one year to the next.*

UCare for Seniors benefits comparison - details

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copays, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium (unless paid for under Medicaid or by another third party).

	Available in all 87 counties in MN.		Only available in certain counties in MN. See page 3.	
TYPES OF HEALTH CARE SERVICES	**Value $39**	**Essentials Rx $52**	**Value Plus $135**	**Classic $181**
Preventive Health Care				
• **Routine physical exam** (one per calendar year) – Comprehensive preventive evaluation including exam, counseling and a focus on risk factor reduction. Certain tests may incur a copay – see separate Diagnostic tests, X-rays benefit on page 12.	Paid in full	Paid in full	Paid in full	Paid in full
• **"Welcome to Medicare" preventive visit** (if in the first 12 months on Part B) – Review of your medical and social history related to your health.	Paid in full	Paid in full	Paid in full	Paid in full
• **Annual Wellness Exam** (if you had Part B longer than 12 months) – A visit to develop or update a personalized plan to prevent disease or disability based on your current health and risk factors.	Paid in full	Paid in full	Paid in full	Paid in full
• **Immunizations*** – Flu and pneumonia vaccines – Hepatitis B vaccine (for people at risk*)	Paid in full	Paid in full	Paid in full	Paid in full

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
• **Mammogram screening** (for women age 40 and older, one per calendar year, and one baseline mammogram between the ages of 35-39)	Paid in full	Paid in full	Paid in full	Paid in full
• **Pap smears and pelvic exams** (every 24 months)	Paid in full	Paid in full	Paid in full	Paid in full
• **Prostate cancer screening exam** (for men age 50 and older – one per calendar year)	Paid in full	Paid in full	Paid in full	Paid in full
• **Bone mass measurement** (for people at risk*)	Paid in full	Paid in full	Paid in full	Paid in full
• **Preventive colorectal cancer screening**: – Colonoscopy (for people at risk*) – every 24 months** – Colonoscopy (for people not at risk*) – every 10 years** – Flexible sigmoidoscopy – every 48 months – Fecal occult blood test – every 12 months	Paid in full	Paid in full	Paid in full	Paid in full

Note: If during a preventive colorectal cancer screening colonoscopy a polyp is discovered and removed, $0 copay applies for the colonoscopy. Colonoscopies for any other reason are considered diagnostic, and are subject to the outpatient surgery copay. See page 13.

*"People at risk" can include those with a family history or personal history of having the condition, those with obesity, or those with other abnormalities, as determined by their physician.

Please let your provider know you are scheduling a **preventive colorectal cancer screening colonoscopy when making your appointment.

***Per Medicare guidelines, the shingles vaccine (Zostavax) and tetanus/diphtheria shot are covered under Medicare Part D.

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
• **Cardiovascular screening** (every 5 years) – blood tests to detect conditions that may lead to heart attack or stroke (tests cholesterol, lipid, and triglyceride levels) for people who have no apparent signs or symptoms of cardiovascular disease	Paid in full	Paid in full	Paid in full	Paid in full
• **Diabetes screening** (for people at risk*)	Paid in full	Paid in full	Paid in full	Paid in full
*"People at risk" can include those with a family history or personal history of having the condition, those with obesity, or those with other abnormalities, as determined by their physician.				
Outpatient Care				
• **Doctor office visits** (with your primary care physician)	$0 copay	$15 copay	$0 copay	$0 copay
• **Specialist office visits** (e.g., cardiologist) – No referrals needed. – Includes second opinion by another network provider prior to surgery.	$30 copay	$40 copay	$30 copay	$20 copay
• **Lab services** (e.g., Protime INR, cholesterol screening)	$0 copay at any Medicare provider	$0 copay at any Medicare provider	$0 copay at any Medicare provider	$0 copay at any Medicare provider
• **Diagnostic tests, X-rays** (e.g., MRI and CT scans, radiation therapy)	10% coinsurance up to a maximum of $50 per day	10% coinsurance up to a maximum of $75 per day	10% coinsurance up to a maximum of $50 per day	Paid in full

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Inpatient Hospital Care				
• **Semi-private room, meals, special diets** (private rooms are covered if medically necessary or if semi-private rooms are not available) • **Inpatient physician and surgical services** • **Operating room, special care units** • **Drugs furnished while in the hospital** • **Laboratory tests** • **X-ray, tests, and other radiology services**	$400 copay per stay (not per day), then 100% coverage, per inpatient admission	$300 copay per day (days 1-5), then 100% coverage, per inpatient admission	$400 copay per stay (not per day), then 100% coverage, per inpatient admission	$200 copay per stay (not per day), then 100% coverage, per inpatient admission
Outpatient Hospital Services				
One example: • Observation stay	10% coinsurance up to a maximum of $50 per day	10% coinsurance up to a maximum of $75 per day	10% coinsurance up to a maximum of $50 per day	Paid in full
Note: Your hospital status, meaning whether the hospital considers you an "inpatient" or "outpatient," affects how much you pay for hospital services. Inpatient hospital care copays apply if you are admitted to the hospital with a doctor's order. Even while in the hospital, you are considered an outpatient if you are getting emergency department services, observation services, lab tests, or X-rays – AND the doctor hasn't written an order to admit you yet. Observation services are services provided to help the doctor decide whether you need to be admitted or if you can be discharged. Generally, this means you are responsible for any copays that apply for each individual service, instead of the hospital inpatient copay. If you have Medicare Part D, your drugs may be covered, but you will likely need to pay out-of-pocket for these drugs, and submit a claim for reimbursement at the UCare-negotiated amount. Check with hospital staff to understand your status.				
Outpatient Surgery				
• **Outpatient surgery** (includes services provided at ambulatory surgical centers – e.g., cataract surgery, diagnostic colonoscopies)	$200 copay	$250 copay	$200 copay	$100 copay

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Other Supplies and Services				
• **Physical therapy, occupational therapy, and/or speech-language pathology**	$30 copay per visit	$40 copay per visit	$30 copay per visit	$20 copay per visit
• **Durable medical equipment** (e.g., oxygen equipment, wheelchairs, nebulizers, hospital beds, CPAP)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
• **Coverage for glucose monitors, test strips, and lancets** *Note: Per Medicare guidelines, insulin and syringes are covered under Medicare Part D.*	Paid in full	20% coinsurance	Paid in full	Paid in full
• **Prosthetic devices** (e.g., braces, artificial limbs and eyes, colostomy bags and supplies)	20% coinsurance	20% coinsurance	20% coinsurance	10% coinsurance
• **Podiatry services** – Treatment of injuries and diseases of the feet (e.g., hammer toe, heel spurs) – Routine foot care for members with certain medical conditions affecting the lower limbs	$30 copay	$40 copay	$30 copay	$20 copay
• **Chiropractic services** – Covers visits for manual manipulation of the spine to correct subluxation. Must use a Chiropractic Care of Minnesota, Inc. network provider to receive this benefit.	$0 copay	$15 copay	$0 copay	$0 copay

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Medicare Part B Drugs				
• **The drugs covered under Medicare Part B are generally drugs that must be administered by a health professional.** Some of these include antigens, certain oral anti-cancer drugs and anti-nausea drugs, clotting factors you give yourself by injection if you have hemophilia, and drugs you take using durable medical equipment (such as nebulizers).	Members pay 20% of the cost for Part B drugs. **Exception for chemotherapy drugs for the treatment of cancer:** Members pay a $75* copay, or the cost of the drug(s) if less, per office visit for Part B chemotherapy drugs infused or administered in a physician's office or outpatient setting.	Members pay 20% of the cost for Part B drugs. **Exception for chemotherapy drugs for the treatment of cancer:** Members pay a $75* copay, or the cost of the drug(s) if less, per office visit for Part B chemotherapy drugs infused or administered in a physician's office or outpatient setting.	Members pay 20% of the cost for Part B drugs. **Exception for chemotherapy drugs for the treatment of cancer:** Members pay a $75* copay, or the cost of the drug(s) if less, per office visit for Part B chemotherapy drugs infused or administered in a physician's office or outpatient setting.	Members pay 20% of the cost for Part B drugs. **Exception for chemotherapy drugs for the treatment of cancer:** Members pay a $75* copay, or the cost of the drug(s) if less, per office visit for Part B chemotherapy drugs infused or administered in a physician's office or outpatient setting.

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Emergency/Urgent Care at Home and While Traveling Within the United States (and U.S. Territories)				
• **Emergency/urgent care** – Copay is waived if member is admitted to the hospital within 24 hours for the same condition. Then, the inpatient hospital copay would apply.	$75 copay	$75 copay	$75 copay	$75 copay
• **Urgent care**	$35 copay	$35 copay	$35 copay	$35 copay
• **Ambulance** – Includes air (fixed wing, rotary wing) and ground if transport and level of service are medically necessary.	$100 copay per Medicare-allowed trip	$200 copay per Medicare-allowed trip	$100 copay per Medicare-allowed trip	$100 copay per Medicare-allowed trip
The United States and U.S. territories: Defined as the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.				

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Emergency/Urgent Care Worldwide				
• **Worldwide emergency/urgent care applies to care outside the United States and U.S. territories. Coverage includes:** – Services furnished by a provider qualified to furnish emergency services and needed to evaluate or stabilize an emergency medical condition. – Includes post-stabilization, which are services related to an emergency medical condition, provided after stabilization to maintain the condition. Post-stabilization services end at discharge. – Urgently-needed services that are medically necessary and immediately required as a result of an unforeseen illness, injury or condition. – Ground ambulance for emergency transportation to the nearest appropriate hospital for emergency care.	$75 copay	$75 copay	$75 copay	$75 copay
Note: Only emergency/urgent care coverage is worldwide. You may want to consider purchasing a separate, additional travel policy while traveling outside the U.S. territories.				

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Note: When traveling, you can be out of the service area for up to six consecutive months. If you are out of the service area for longer than this or you make a permanent move outside the service area, Medicare requires that you disenroll from *UCare for Seniors.* **Note**: If you are on a cruise ship and a medical issue arises, the cruise ship physicians may bill you for urgent care type services. If services are billed as urgent care, you will incur the urgent care copay. If billed as non-urgent medical services from Medicare providers, your Point-of-Service coinsurance applies.				
Out-of-Network Coverage for Non-Emergencies				
• **Point-of-service*** – Applies when you obtain services from any Medicare provider out of the *UCare for Seniors* network – no referrals needed.	20% coinsurance for most services. Exceptions: Flu and pneumonia vaccines, labs, renal dialysis, and Medicare-covered preventive screenings: $0 copay	20% coinsurance for most services. Exceptions: Flu and pneumonia vaccines, labs, renal dialysis, and Medicare-covered preventive screenings: $0 copay	20% coinsurance for most services. Exceptions: Flu and pneumonia vaccines, labs, renal dialysis, and Medicare-covered preventive screenings: $0 copay	20% coinsurance for most services. Exceptions: Flu and pneumonia vaccines, labs, renal dialysis, and Medicare-covered preventive screenings: $0 copay

***Point-of-Service benefit**: There is a $10,000 member out-of-pocket limit and $100,000 plan benefit maximum in a calendar year specific to services received out-of-network from any Medicare providers. This benefit may not be used for chiropractic services, routine eye and hearing exams, durable medical equipment, Medicare-covered eyewear, an annual preventive physical examination, health and wellness education programs, transplants, and/or hearing aids. Contact UCare for a complete list of covered services.

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Vision Services				
• **Routine eye exam** (one per calendar year)	$0 copay	$0 copay	$0 copay	$0 copay
• **Diagnostic eye exams for diseases and conditions of the eye** (for surgical coverage, see outpatient care and/or outpatient surgery sections for applicable copays)	$30 copay	$40 copay	$30 copay	$20 copay
• **Eyewear** – Medicare-covered post-cataract surgery materials include:				
• One pair of standard eyeglass lenses or contact lenses provided after each cataract surgery during which an intraocular lens is inserted.	$0 copay	$0 copay	$0 copay	$0 copay
• One pair of standard eyeglass frames after each cataract surgery.	Up to the Medicare-allowed amount	Up to the Medicare-allowed amount	Up to the Medicare-allowed amount	Up to the Medicare-allowed amount
– Non-Medicare-covered lenses and frames (one pair per year) or contact lenses	Not covered	Not covered	Not covered	$75 annual benefit allowance at any provider

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

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Hearing Services				
• **Routine hearing test** (one per calendar year)	$0 copay	$0 copay	$0 copay	$0 copay
• **Diagnostic hearing exams**	$30 copay	$40 copay	$30 copay	$20 copay
• **Hearing aid benefit** – Used toward hearing aids, repairs, and fittings (covers inner ear, outer ear, or over-the-ear hearing aids). Does not include hearing aid molds, supplies, and batteries.	Not covered	Not covered	Not covered	$500 benefit allowance every 36 months (does not accrue)
• EPIC Hearing Healthcare Network	Discounts available*	Discounts available*	Discounts available*	Discounts available*

*All *UCare for Seniors* members can use the EPIC Hearing Healthcare Network. This network provides easy access to ENT physicians and licensed audiologists. EPIC's hearing aid discounts may be up to 35% lower than most discount offers. Hearing aids purchased through EPIC include a one-year supply of batteries.

In addition, *UCare for Seniors* Classic members can utilize their $500 benefit allowance (every 36 months) with the EPIC discount to obtain further savings.

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

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Dental Services				
• **Preventive Dental** – Oral examinations per calendar year	One paid in full	One paid in full	One paid in full	Two paid in full
– Cleanings per calendar year	One paid in full	One paid in full	One paid in full	Three paid in full
– Bitewing X-rays every 12 months	Paid in full	Paid in full	Paid in full	Paid in full
– Full mouth X-rays every 5 years	Not covered	Not covered	Not covered	Paid in full
– Topical application of fluoride in conjunction with a routine cleaning only, or topical fluoride varnish application in conjunction with a routine dental examination as deemed necessary by a dental provider (not covered in combination with a cleaning). No frequency limitations for either type of fluoride application.	Not covered	Not covered	Not covered	Paid in full
–Filling (silver or composite)	One paid in full	One paid in full	One paid in full	See optional coverage on page 22.
UCare contracts with the Civic Smiles Senior Network, part of Delta Dental of Minnesota (Delta Dental). See the list of network providers online at dentalcareforu.org or call Sales at the phone number listed on page 39. If you receive dental services from a non-network licensed provider, you will be responsible for submitting your bills and paying the difference between the dentists' fees and the allowable amount. To request out-of-network reimbursement, please submit the payment receipt obtained from your dentist to: Delta Dental, P.O. Box 330, Mpls., MN 55440-0330.				

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
• ***UCare Comprehensive Dental*** **– This benefit is optional and only available to Classic members.**	Not covered	Not covered	Not covered	$24 per month in addition to the $181 Classic premium for a total of $205.
– Basic services (e.g., silver or resin fillings, minor procedures)	Not covered	Not covered	Not covered	20% coinsurance
– Endodontics (e.g., root canal treatment)	Not covered	Not covered	Not covered	20% coinsurance
– Periodontics (e.g., gum disease treatment)	Not covered	Not covered	Not covered	20% coinsurance
– Oral/Maxillofacial surgery (e.g., extractions including pre-/ post-operative care)	Not covered	Not covered	Not covered	20% coinsurance
– Restorative services (e.g., crowns and special procedures)	Not covered	Not covered	Not covered	50% coinsurance
– Prosthodontics – removable and fixed (e.g., bridges, partial/full dentures, repairs and adjustments)	Not covered	Not covered	Not covered	50% coinsurance
– Implants – surgical placement of implant body to replace missing natural tooth; crown, porcelain, or ceramic over implant body	Not covered	Not covered	Not covered	50% coinsurance

Note:

- With the *UCare Comprehensive Dental* plan, there is a $50 deductible per covered person, per calendar year. The annual coverage maximum is $1,200 per covered person, per calendar year.
- You can enroll in the *UCare Comprehensive Dental* plan when you first join the Classic plan, and throughout the first month of enrollment. If you do not join at that time, you have to wait to apply between October 15 through December 7 for coverage starting January 1 of the following year. A separate enrollment form is required if you do not enroll when you first join the Classic plan.

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Mental Health and Substance Abuse Care				
• **Outpatient mental health care**	$30 copay	$40 copay	$30 copay	$20 copay
• **Inpatient mental health care**	$400 copay per stay (not per day), then 100% coverage per inpatient admission. There is a 190-day lifetime limit in a psychiatric hospital.	$300 copay per day (days 1-5) then 100% coverage per inpatient admission. There is a 190-day lifetime limit in a psychiatric hospital.	$400 copay per stay (not per day), then 100% coverage per inpatient admission. There is a 190-day lifetime limit in a psychiatric hospital.	$200 copay per stay (not per day), then 100% coverage per inpatient admission. There is a 190-day lifetime limit in a psychiatric hospital.
• **Outpatient substance abuse care**	$30 copay	$40 copay	$30 copay	$20 copay
• **Inpatient substance abuse care**	$400 copay per stay (not per day), then 100% coverage per inpatient admission.	$300 copay per day (days 1-5) then 100% coverage per inpatient admission.	$400 copay per stay (not per day), then 100% coverage per inpatient admission.	$200 copay per stay (not per day), then 100% coverage per inpatient admission.

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Skilled Nursing Facility Care				
• **Semiprivate room and necessary skilled medical services at network facilities; private rooms are covered if medically necessary** • **Regular nursing services** • **Physical therapy, occupational therapy, and speech-language pathology** • **Drugs, medical equipment, and supplies** *The cost-share for this benefit is strictly limited to those services covered by Medicare, deemed medically necessary, and provided by a network provider.*	$40 copay per day for days 1-20; $0 copay per day for days 21-100; per benefit period. **No prior hospitalization is required*** Note: Skilled nursing benefits include services received in a skilled nursing facility or swing bed.	$40 copay per day for days 1-20; $0 copay per day for days 21-100; per benefit period. **No prior hospitalization is required*** Note: Skilled nursing benefits include services received in a skilled nursing facility or swing bed.	$40 copay per day for days 1-20; $0 copay per day for days 21-100; per benefit period. **No prior hospitalization is required*** Note: Skilled nursing benefits include services received in a skilled nursing facility or swing bed.	$40 copay per day for days 1-20; $0 copay per day for days 21-100; per benefit period. **No prior hospitalization is required*** Note: Skilled nursing benefits include services received in a skilled nursing facility or swing bed.
***No prior hospitalization required** – With all of our *UCare for Seniors* plan options, we waive the three-day Medicare-covered hospital stay that is required by Original Medicare and many of our competitors. This means you may have access to coverage in more situations.				
Home Health Care				
• **Skilled medical services by a Medicare-certified home health care agency when you are homebound.** *This benefit is strictly limited to those services specified in Medicare regulations.*	Paid in full	Paid in full	Paid in full	Paid in full

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Hospice				
• **Covered by Original Medicare.**				

Note:
If you elect to enroll in a Medicare-certified hospice program, hospice services and services that are covered by Original Medicare (Part A and Part B), and are related to your terminal condition will be covered by Medicare (rather than our plan). Your hospice provider will bill Medicare directly for the services.

For non-emergency, not-urgent services that are covered by Original Medicare and are not related to your terminal condition, your cost for the services depends on whether you use a provider in our plan's network as follows:

- If you obtain the covered services from a network provider, you only pay the plan cost-sharing amount for in-network services.
- If you obtain the covered services from an out-of-network provider, you pay the cost-sharing under the Point-of-Service benefit.

You will also be covered for any services that are covered by our plan but not by Original Medicare. You pay your plan cost-sharing amount for the services.

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Fitness Programs				
• UCare offers two different fitness options to choose from to stay active and feel great! The fitness program you select (option 1 or option 2) is included with all *UCare for Seniors* plan options.				
Option 1: *Healthways SilverSneakers® Fitness Program*	Included	Included	Included	Included

UCare offers the SilverSneakers Fitness Program at no additional cost to *UCare for Seniors members*. The SilverSneakers membership offers a free basic fitness membership at any fitness location in the SilverSneakers network, online support, SilverSneakers FLEX fitness classes, and an at-home fitness option. One of the many benefits of being a SilverSneakers member is that your membership is flexible. You can work out at any of the 13,000 locations – not just one – whether you're close to home or traveling. In addition to the basic fitness membership you can enjoy FLEX classes, online support, and an at-home "Steps Kit." The SilverSneakers membership is available for you to use however, and whenever it works for you. To see a list of participating locations, go to silversneakers.com, or call 1-888-423-4632 Monday through Friday (TTY: 711), 8 a.m. to 8 p.m., Eastern Daylight Time.

Note:
Once you become a *UCare for Seniors* member, you will have access to your SilverSneakers complimentary membership. You will receive a SilverSneakers membership card via U.S. Mail within 4–8 weeks of your *UCare for Seniors* start date. Please present your SilverSneakers ID card at a participating SilverSneakers location to enroll. If you do not receive your card, please call UCare Customer Services at the number listed on the back of your UCare member ID card for assistance.

Option 2: *Health Club Savings Program*	Included	Included	Included	Included

UCare for Seniors members who belong to a participating health club not in the SilverSneakers network can receive a reimbursement of up to $20 in their health club membership fees each month.

Note: It may take up to two months to begin receiving your health club dues reimbursement. For example, if you sign up for health club savings in January, your club membership would be verified in February, and the dues reimbursement would be credited in March.

To see a list of participating clubs, go to ucare.org, select Health and Wellness, then Fitness programs.

Healthways, SilverSneakers and SilverSneakers FLEX are registered trademarks or trademarks of Healthways, Inc. and/or its subsidiaries. © 2016 Healthways, Inc. All rights reserved.

TYPES OF HEALTH CARE SERVICES	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Resources to Stop Using Tobacco				
• ***UCare for Seniors* members can access free tobacco cessation help through our tobacco quit line.**	Included	Included	Included	Included
UCare 24/7 Nurse Line				
• **Reliable health information 24 hours a day.** We offer health advice when you are not feeling well and can answer your general health questions.	Included	Included	Included	Included
Out-of-Pocket Maximum				
• **A limit on how much you have to pay out-of-pocket for in-network Medicare-covered services each year.** Excludes Medicare Part D, and all other non-Medicare covered services (e.g., hearing aids, dental).	$3,400 out-of-pocket maximum in a calendar year. You are covered at 100% for benefits for the remainder of the calendar year.	$3,400 out-of-pocket maximum in a calendar year. You are covered at 100% for benefits for the remainder of the calendar year.	$3,400 out-of-pocket maximum in a calendar year. You are covered at 100% for benefits for the remainder of the calendar year.	$3,400 out-of-pocket maximum in a calendar year. You are covered at 100% for benefits for the remainder of the calendar year.

Medicare Part D outpatient prescription drug coverage

What is Medicare Part D?

Medicare Part D is a voluntary outpatient prescription drug program available to anyone who is enrolled in Medicare Part A or Part B. It provides Medicare beneficiaries with options for prescription drug coverage.

Do I have to enroll in Medicare Part D?

While it is a voluntary program, if you do not enroll in Medicare Part D when first eligible, in most cases you must wait until the next Annual Election Period to apply (October 15 through December 7 of each year for a January 1 effective date). You may also be assessed a Late Enrollment Penalty of 1% of the national base beneficiary premium for each full, uncovered month that you were eligible to enroll in a Part D plan but did not do so. (The national base beneficiary premium for Year 2016 is $34.10.) This penalty is applied monthly, and continues for as long as you have Part D.

There are some situations when the penalty would not be applied, including, but not limited to: (1) If you qualify for Extra Help for Medicare Part D, and (2) If you have maintained creditable drug coverage (at least as good as Medicare's). Examples of creditable drug coverage include drug coverage through the Department of Veteran's Affairs (VA) and prescription drug coverage offered by many (but not all) employer group plans.

Note: If you do not take Medicare Part D when first eligible because you are on an employer group plan with creditable coverage, you will have a Special Election Period to enroll in Part D when your group plan ends and during the two months following.

Types of Medicare Part D plans

You enroll in Medicare Part D through a private company that contracts with Medicare to provide your prescription drug benefits. There are two types of Medicare Part D Plans: 1) Stand-alone Prescription Drug Plans (PDPs) and 2) Medicare Advantage Plans that include prescription drug coverage (MA-PDs). You do not enroll in Medicare Part D directly through Medicare, Social Security, or the Railroad Retirement Board (as you do for Medicare Part A and Part B).

What does Medicare Part D cost with *UCare for Seniors*?

The *UCare for Seniors* Essentials Rx $52, Value Plus $135, and Classic $181 plans are Medicare Advantage Plans that include Part D. The prescription drug coverage is built into the monthly premium. By enrolling in one of these plans, you are automatically enrolled in Part D. There is no separate premium to pay, and no separate enrollment form to complete.

You may be able to get Extra Help to help pay for your prescription drug premiums and costs. To see if you qualify, call:

- 1-800-MEDICARE (TTY 1-877-486-2048), 24 hours a day, 7 days a week.
- Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778), between 7 a.m. and 7 p.m., Monday through Friday.
- Your State Medicaid Office or County Human Services Office.
- Senior LinkAge Line® at 1-800-333-2433.

Some people will pay a higher premium for Part D coverage because their yearly income is over certain amounts (over $85,000 for singles, over $170,000 for married couples).

Medicare Part D vaccines

Most Medicare-covered vaccines, including tetanus* and shingles shots, are covered as outpatient prescription drugs under Medicare Part D. UCare recommends getting Part D vaccines at your pharmacy. More than 1,000 pharmacies in UCare's network administer vaccines. Call your pharmacy to see if it requires an appointment to administer the vaccine.

*Exception: Tetanus shots received "for cause," meaning due to an accident or injury, are covered as Medicare Part B drugs (See page 15).

What is the specific Part D coverage included with each *UCare for Seniors* plan option?

Part D Prescription Coverage	Value $39	Essentials Rx $52	Value Plus $135	Classic $181
Initial Coverage Stage From $0 to $3,310 in annual prescription drug costs (your cost plus UCare's cost).	**This plan does not include Part D.** Please note you CANNOT be a member of the Value plan and a stand-alone Medicare Part D plan at the same time. If you want both medical coverage and prescription drug coverage, choose Essentials Rx, Value Plus, or Classic.*	**You pay:** Annual deductible: $100 Tier 1: Up to a $6 copay per preferred generic drug (30-day supply). Tier 2: Up to a $15 copay per generic drug (30-day supply). Tier 3: Up to a $45 copay per preferred brand-name drug (30-day supply). Tier 4: Up to a $90 copay per non-preferred brand-name drug (30-day supply). Tier 5: 30% coinsurance per specialty drug.	**You pay:** Annual deductible: $50 Tier 1: Up to a $6 copay per preferred generic drug (30-day supply). Tier 2: Up to a $12 copay per generic drug (30-day supply). Tier 3: Up to a $40 copay per preferred brand-name drug (30-day supply). Tier 4: Up to a $80 copay per non-preferred brand-name drug (30-day supply). Tier 5: 28% coinsurance per specialty drug.	**You pay:** Annual deductible: $0 Tier 1: Up to a $5 copay per preferred generic drug (30-day supply). Tier 2: Up to a $12 copay per generic drug (30-day supply). Tier 3: Up to a $40 copay per preferred brand-name drug (30-day supply). Tier 4: Up to a $80 copay per non-preferred brand-name drug (30-day supply). Tier 5: 25% coinsurance per specialty drug.

*See Service Area defined on page 3

Part D Prescription Coverage	**Value $39**	**Essentials Rx $52**	**Value Plus $135**	**Classic $181**
Coverage Gap Stage Once you have reached $3,310 in annual prescription drugs (your cost plus UCare's cost), you pay as shown. This continues until **you** spend $4,850 in annual "out-of-pocket" drug costs. *Notes: Your coverage gap is $4,850 minus the portion of the $3,310 that you paid out of your own pocket.* *The size of the coverage gap is NOT $4,850 minus $3,310.*	N/A	**You pay:** 58% of the cost of generic drugs. 45% of the cost of brand-name drugs. The discount will be applied at the pharmacy.	**You pay:** 58% of the cost of generic drugs. 45% of the cost of brand-name drugs. The discount will be applied at the pharmacy.	**You pay:** Up to a $5 copay per Tier 1, and up to a $12 copay per Tier 2 generic drug, up to a 30-day supply. 58% of the cost of Tier 5 generic drugs. 45% of the cost of brand-name drugs. The discount will be applied at the pharmacy.
Note: Of the remaining 55% for brand-name drugs, drug manufacturers discount 50%, and your plan pays 5%. The 50% that is discounted by drug manufacturers will count toward your out-of-pocket costs as if you had paid this amount yourself, and it moves you through the coverage gap.				
Catastrophic Coverage Stage Once you have reached $4,850 in annual "out-of-pocket" costs, you pay as shown.	N/A	**You pay:** The greater of $2.95 or 5% coinsurance for generic drugs. The greater of $7.40 or 5% coinsurance for brand-name and specialty drugs.	**You pay:** The greater of $2.95 or 5% coinsurance for generic drugs. The greater of $7.40 or 5% coinsurance for brand-name and specialty drugs.	**You pay:** The greater of $2.95 or 5% coinsurance for generic drugs. The greater of $7.40 or 5% coinsurance for brand-name and specialty drugs.
Note: You will receive an Explanation of Benefits (EOB) by mail for every month you have a Part D prescription filled. This EOB shows where you are in the Medicare Part D coverage model. You will receive these EOBs the month following the month of service.				

How do I know if my drugs will be covered?

In the *UCare for Seniors* Formulary (list of covered drugs), look up the name of your prescription drugs in the alphabetical index in the back, and refer to the page number listed. The formulary is included in the *UCare for Seniors* information kit.

With Essentials Rx:

- For the first $3,310 of your annual prescription drug costs, after the $100 deductible is met:
  - A number "1" indicates that the drug is a preferred generic drug with a copay of up to $6 per 30-day supply (Tier 1).
  - A number "2" indicates that the drug is a generic drug with a copay of up to $15 per 30-day supply (Tier 2).
  - A number "3" indicates that the drug is a preferred brand-name drug with a copay of up to $45 per 30-day supply (Tier 3).
  - A number "4" indicates that the drug is a non-preferred brand-name drug with a copay of up to $90 per 30-day supply (Tier 4).
  - A number "5" indicates that the drug is a specialty drug with a 30% coinsurance (Tier 5).

With Value Plus:

- For the first $3,310 of your annual prescription drug costs, after the $50 deductible is met:
  - A number "1" indicates that the drug is a preferred generic drug with a copay of up to $6 per 30-day supply (Tier 1).
  - A number "2" indicates that the drug is a generic drug with a copay of up to $12 per 30-day supply (Tier 2).
  - A number "3" indicates that the drug is a preferred brand-name drug with a copay of up to $40 per 30-day supply (Tier 3).
  - A number "4" indicates that the drug is a non-preferred brand-name drug with a copay of up to $80 per 30-day supply (Tier 4).
  - A number "5" indicates that the drug is a specialty drug with a 28% coinsurance (Tier 5).

With Classic:

- For the first $3,310 of your annual prescription drug costs (no annual deductible):
  - A number "1" indicates that the drug is a preferred generic drug with a copay of up to $5 per 30-day supply (Tier 1).
  - A number "2" indicates that the drug is a generic drug with a copay of up to $12 per 30-day supply (Tier 2).
  - A number "3" indicates that the drug is a preferred brand-name drug with a copay of up to $40 per 30-day supply (Tier 3).
  - A number "4" indicates that the drug is a non-preferred brand-name drug with a copay of up to $80 per 30-day supply (Tier 4).
  - A number "5" indicates that the drug is a specialty drug with a 25% coinsurance (Tier 5).

You can also search our formulary online at ucare.org. Select Medicare options/UCare for Seniors/Search the Formulary.

Mail order through Express Scripts

All *UCare for Seniors* members can order maintenance medications by mail through Express Scripts (UCare's delegated pharmacy partner). Maintenance medications are prescriptions you take regularly for ongoing conditions. These drugs are marked with a "MM" symbol in the formulary. Ordering through Express Scripts provides:

- Savings – you get a three-month supply for two copays *(with plans that include Part D only)*.
- Safety – 99.99% accurate.
- Convenience – 90-day supply, free standard shipping, flexible payment options, and automatic refills.

You choose one of three ways to receive your medications at home:

1. Mail in your prescriptions.
2. Call in your prescriptions.
3. Order online at www.express-scripts.com.

You can choose to pay by personal check or money order – Visa®, Mastercard®, American Express®, or Discover® – or by using a bank-issued debit card.

You will receive additional information in your new member packet after you enroll.

Where can I fill my prescriptions? Can I get more than a 30-day supply?

Members must use network pharmacies to access their prescription drug benefits, except under non-routine circumstances. You may get your drugs from:

- Express Scripts, our mail order service.

OR

- Many local and nationwide chain pharmacies will charge you just two and one-half copays for a 90-day supply of maintenance drugs with Value Plus and Classic (excludes Essentials Rx).

Additional requirements or limits on covered drugs

Some covered drugs may have additional requirements or limits on coverage, in many cases for quality and/or safety reasons. These requirements and limits may include:

- *Prior Authorization (PA)* – meaning approval from *UCare for Seniors* before you fill your drug.
- *Quantity Limits (QL)* – meaning limits on the amount of the drug that *UCare for Seniors* will cover.
- *Step Therapy (ST)* – meaning requiring you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

You can find out if your drug has any additional requirements or limits by looking in the formulary included in the *UCare for Seniors* kit. You can also ask us to make an exception to these restrictions or limits. Details on how to make these requests are included in the front section in the formulary, and will also be detailed in the *UCare for Seniors* Evidence of Coverage document you receive after you enroll.

Care Management and Prior Authorizations

Care Management

UCare provides extra support when needed by members with short-term or complex health needs, and social service needs. A case manager is available to you based on several factors, including your use of acute services, your health assessment, or provider referral. For example, care management is offered to members with select diagnoses who have either a planned or unplanned transition from a hospital or skilled nursing facility to their home. Care management activity in those cases may include communication with a facility discharge planner, medication reconciliation, assisting with scheduling follow-up appointments, and ensuring home care services are in place if ordered by your provider. The case manager's primary role is to coordinate services across the continuum of health care. Care management is conducted by phone during regular business hours.

Prior Authorizations

Some services listed in the benefits chart are covered only if your doctor or other provider gets approval in advance (sometimes called "prior authorization") from us. For example, some of the covered services that need approval in advance include inpatient rehabilitation services, spine surgery, bone growth stimulators, and spinal cord stimulators. For more information on services that require prior authorization by your provider, go to **ucare.org**. This information is included in the Benefits Chart section of the Annual Notice of Changes/Evidence of Coverage document for each of our *UCare for Seniors* plan options. This information is also in the Health Plans section of our website.

Enrolling in *UCare for Seniors*

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

Medicare has limits to when and how often you can change your Medicare health plan. These specific timeframes, called "election periods," determine when you can enroll in, or voluntarily disenroll from, a Medicare Advantage Plan. These include:

- <u>**If You are Newly-Eligible for Medicare**</u>: At any time during the year, if you become eligible for Medicare (either by age or disability), you may enroll in a Medicare Advantage Plan during your **Initial Coverage Election Period (ICEP).**
  - If you take both Part A and Part B when first eligible, this is a seven-month period (the three months before, the month of, and the three months after you become eligible).
  - If you have had Part A and are just applying for Part B, this period is limited to the three months prior to your enrollment in Part B.

  Note: When enrolling in a *UCare for Seniors* plan during your Initial Coverage Election Period (ICEP), the soonest Medicare allows us to accept your enrollment request form is three months prior to your desired effective date. For example, if your Medicare Part A and Part B begin on July 1, we can accept your enrollment form between April 1 and June 30, not in the month of March, even if you already received your Medicare card.

- <u>**If You are Already on Medicare Part A and Part B**</u>:
  - Every year between October 15 and December 7, you have an **Annual Election Period (AEP)** during which you can make a plan change to be effective on January 1 of the following year. This change may include adding or dropping Medicare Part D.

  Note: Medicare Advantage plans release their rates and benefits for the following year on October 1.

- <u>**If Other Special Circumstances Apply**</u>: Medicare created **Special Election Periods (SEPs)** for specific situations that occur throughout the year that may allow you to change plans, even if you are already on Medicare Part A and Part B. Although there are more than 20 types of Special Election Periods, some of the most common include:
  - You are leaving or losing coverage through an employer or union (including COBRA).
  - You make a permanent move and have new plan options available in your new area.
  - You are on Medical Assistance or lose eligibility for Medical Assistance.
  - You receive Extra Help for Medicare Part D.
  - You involuntarily lose other creditable drug coverage (except if due to failure to pay premiums).

  Certain timeframes and limitations apply to each of the special election periods.

- <u>**If You Reside in an Institution (e.g. Skilled Nursing Facility or Nursing Home)**</u>:
  - You may enroll in or disenroll from a Medicare Advantage Plan effective on the 1st of any month during the year using an **Open Enrollment Period-Institutionalized (OEP-I)**. An "institutionalized individual" is an individual who moves into, resides in, or moves out of an institution, as defined by Medicare. This election ends two months after the month you move out of the institution.

- <u>**Medicare Advantage Disenrollment Period**</u>: The Medicare Advantage Disenrollment Period (MA-DP) runs from January 1 through February 14. During this time, you can disenroll from a MA plan and return to Original Medicare. You can also enroll in a Part D drug plan. The effective date of disenrollment is the first day of the month following the date the disenrollment request is received. The period does not allow a beneficiary to switch from Original Medicare to a MA plan, or switch from one MA plan to another.

How do I enroll?

You can enroll in *UCare for Seniors* in the following ways:

- By completing the enrollment form included in the back pocket of this *UCare for Seniors* information kit and either mail it in the postage-paid envelope or fax it to 612-676-6562.
- By enrolling online at ucare.org or at www.medicare.gov.

Note: Your enrollment form needs to be received by (not postmarked by) the end of the month prior to when you want coverage to start (except during the Annual Election Period – must be received by 12/7 for a 1/1 effective date). If you and your spouse are both enrolling in *UCare for Seniors*, please complete two enrollment forms (one for each of you).

If you have questions, contact UCare's Sales Department at the number on page 39.

Follow these steps to complete your form:

STEP 1:
Provide your name, address, and phone number. Email address and race are optional.

STEP 2:
Choose the primary care clinic you want to use. See the *Provider Information* section to find the Clinic ID number.

STEP 3:
Indicate the date you would like to start your coverage. In order for UCare to accept an enrollment form, a valid request must be made during an election period. Coverage always begins on the first of the month.

STEP 4:
Select the plan you want to enroll in. Note: The Value Plus and Classic plan options are only available in certain counties (see Service Area defined on page 3).

STEP 5:
Provide your Medicare insurance information.

Note: *Some beneficiaries only have one letter at the end of their Medicare number, while others have two letters. If only one, enter that letter and leave the other space blank.*

STEP 6:
Read and answer questions 1–9.

Note related to question 1: *If you have had a successful kidney transplant and/or you don't need regular dialysis any longer, please attach a note or records from your doctor confirming this development, otherwise we may need to contact you to obtain additional information.*

Note related to question 7: *People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.*

Note related to question 8: *Please read this important information: If you currently have health coverage from an employer or union, joining* UCare for Seniors *could affect your employer or union health benefits. You could lose your employer or union coverage if you join* UCare for Seniors. *If you have questions, read the communications your employer sends you, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, call your employer's group benefits administrator.*

STEP 7:
Choose how you want to pay your *UCare for Seniors* premium. If you do not select a payment option, you will get a bill each month.

Note related to SS/RRB deduction: *If you choose to pay your premium through monthly deduction from your Social Security (SS) or Railroad Retirement Board (RRB) benefit check, this deduction may take two or more months to begin after SS or RRB approves the deduction. In most cases, the first deduction from your benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If SS or RRB does not approve your request initially, we will send you a paper bill and resubmit your request. Please pay these bills until your deduction begins.*

Note related to IRMAA: *If you file an individual tax return with income greater than $85,000 (joint $170,000) and are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your SS benefit check or be billed directly by Medicare or the RRB. DO NOT pay UCare the Part D-IRMAA.*

STEP 8:
Please read this important information. *By completing this enrollment form, I agree to the following:* UCare for

Seniors *is a Medicare Advantage plan and has a contract with the federal government. I will need to keep my Medicare Part A and Part B. I can only be in one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (i.e., Oct. 15 – Dec. 7 each year), or under certain special circumstances.* UCare for Seniors *serves a specific service area. If I move out of the area that* UCare for Seniors *serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of* UCare for Seniors*, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from* UCare for Seniors *when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country, except for limited coverage near the U.S. border. However, this plan provides worldwide emergency care. I understand that beginning on the date* UCare for Seniors *coverage begins, I should get all of my health care from* UCare for Seniors*. In some cases, I may get covered services from out-of-network providers. With the exception of emergency or urgently needed services or out-or-area dialysis services, it may cost me more to get care from out-of-network providers. Services authorized by* UCare for Seniors *and other services contained in my* UCare for Seniors *Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with* UCare for Seniors*, he/she may be paid based on my enrollment in* UCare for Seniors.

Sign, date, and send in the top white copy. Retain the bottom yellow copy for your records.

How do I pay for the plan?

You can pay your *UCare for Seniors* premium in one of the following ways (please do not send money with your enrollment form):

- **By Mail**: You will receive your monthly billing statement around the 20th of each month for the next coverage month. However, if we received your enrollment form after the billing cycle has occurred, your first bill will come around the 20th of the month following your effective date and will be for the first two months of coverage. After that, you will receive a monthly bill. You can choose to pay for an extended number of months (e.g., three or six months). When you get your monthly bill, multiply your premium by the number of months you wish to pay, and send it in.
- **Using Automatic Payment/Electronic Funds Transfer (EFT)**: You can choose to have your premium deducted from a checking or savings account by providing your bank name, account number, and routing number on the enrollment form. The deduction will occur between the 7th and 10th of each month. You will not receive a monthly billing statement from UCare (although you may receive one when you first enroll). You will receive an annual notice of the deductions each December. Your premium cannot be charged to a credit card.
- **Social Security or Railroad Retirement Board Withdrawal**: You can choose to have your premium deducted from your Social Security or Railroad Retirement Board check. This deduction may take three months or more to begin. In most cases, the first deduction from your benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. Occasionally there are times when these requests are rejected. If that happens, we may need to bill you monthly until we resubmit your request and it is approved. Please pay these bills. Once it is accepted, we will stop billing you.

Generally you must stay with the option you choose for the rest of the year. If you do not select a payment option, you will receive a bill each month.

If you qualify for Extra Help for Medicare Part D, Medicare will cover all or part of your plan premium for Medicare Part D. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

What's next?

Once we receive your enrollment form, you:

- Will receive a call from us if there is any required information missing on the enrollment form. If unable to reach you by phone, we will send you a letter to request the information.
- May receive a letter from us if you did not have a Medicare Part D plan from the date you were first eligible. You will need to indicate any drug coverage you had during this period, sign it, and return it in the postage-paid envelope. You may also respond by phone at 1-877-523-1515 (TTY 1-800-688-2534), 24 hours a day, seven days a week.
- May receive a letter from us if you are leaving an employer group plan to join our plan. Only retirees of employer groups that have special agreements with Medicare related to drug coverage will get this letter. By Medicare regulation, you must respond within 30 days from the date of the letter with your intent to leave the group plan and enroll in our plan. Otherwise, your enrollment will not be processed. You can either respond by mail or by phone at 1-877-523-1515 (TTY 1-800-688-2534), 24 hours a day, seven days a week.
- Will get a letter within 15 days to verify your enrollment.
- Will get a new member packet in the mail that contains important information about your coverage, including a detailed description of the benefits in the Evidence of Coverage document and a Provider and Pharmacy Directory.
- Will get a UCare member identification card that you can begin using as of your effective date. Should you require medical services or prescription drugs prior to receiving your ID card, please call Customer Services at the phone number below.

Please know that these are all Medicare-required mailings. If you have questions, our Customer Services Department is available to assist you 24 hours a day, seven days a week at 612-676-3600 or toll-free 1-877-523-1515 (TTY 1-800-688-2534).

Items and services not covered

The following items and services are not covered under Original Medicare or by our plan:

- Services considered not reasonable and unnecessary, according to the standards of Original Medicare, unless these services are listed by our plan as covered services.
- Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare-approved clinical research study or by our plan. Experimental procedures and items are those determined by our plan and Original Medicare to not be generally accepted by the medical community.
- Private room in a hospital, except when it is considered medically necessary or if it is the only option available.
- Personal items in your room at a hospital or a skilled nursing facility (e.g., television).
- Full-time nursing care in your home.
- Custodial care is care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living (e.g., bathing or dressing).
- Homemaker services include basic household assistance, including light housekeeping or light meal preparation.
- Fees charged for care by your immediate relatives or members of your household.
- Cosmetic surgery or procedures, unless because of an accidental injury or to improve a malformed part of the body. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
- Chiropractic care, other than manual manipulation of the spine to correct a subluxation, consistent with Medicare coverage guidelines.
- Routine foot care, except for the limited coverage provided according to Medicare guidelines.
- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
- Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.
- Hearing aids (except some coverage included with our Classic plan).
- Eyeglasses (except some coverage included with our Classic plan), radial keratotomy, LASIK surgery, vision therapy and other low vision aids. However, one pair of eyeglasses (or contact lenses) are covered for people after cataract surgery.
- Reversal of sterilization procedures, and/or non-prescription contraceptive supplies.
- Acupuncture.
- Naturopath services (uses natural or alternative treatments).

Our plan will not cover the excluded services listed above. Even if you receive the services at an emergency facility, the excluded services are still not covered.

Contact information

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

UCare's Sales Department – available 8 a.m. to 8 p.m., seven days a week.	612-676-3500 1-877-523-1518 toll free
UCare's Customer Services Department – available 24 hours a day, seven days a week.	612-676-3600 1-877-523-1515 toll free
If you are hearing impaired, please use UCare's Sales and Customer Services TTY machine line – available 24 hours a day, seven days a week.	TTY 612-676-6810 TTY 1-800-688-2534 toll free
Medicare – available 24 hours a day, seven days a week.	1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048)
Online – click on "Medicare Options" and select "UCare for Seniors."	ucare.org
UCare's office	500 Stinson Blvd. NE, Minneapolis, MN 55413

P.O. Box 52
Minneapolis, MN 55440-0052

612-676-3500
1-877-523-1518 toll free

TTY/Hearing impaired
612-676-6810
1-800-688-2534 toll free

8 a.m. to 8 p.m.,
seven days a week

ucare.org

Printed on recycled paper containing a minimum 20% post-consumer waste.

U1750 (08/15)