

Winter 2019

MEMBER UPDATE



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Dear members,

As 2019 comes to an end, we want to thank you for being part of UCare. We've taken our people power and our five-seater bike far and wide to meet with you and ask how we can better serve your needs.

It's also been a year of growth. We welcomed thousands of new members and introduced new benefits and programs to support your health—including savings on healthy food at the grocery store. Internally, we're improving key systems with the goal of serving you better.

I'm proud of our UCare team. In our recent staff survey, our employees told us they are motivated by their desire to provide the best care and coverage for you. They are willing to go above and beyond to give you access to the care you need. UCare is committed to making health more accessible for our community as a nonprofit health plan.

You are our top priority. If you have ideas you'd like to share with us, we want to hear them. Find out how you can get involved at ucare.org/getengaged.

Thank you for choosing UCare.



Sincerely,

Mark Traynor
President and CEO

Highlights of 2019

Supporting our communities

- 3,059 health screenings on the UCare healthmobile
- 1,055 free dental checkups with the UCare Mobile Dental Clinic
- 3,600+ UCare members in more than 40 counties received free car seats and car seat safety education
- Expanded paramedic services to local communities through UCare Foundation grants
- Helped our members manage their nutrition with measuring cups, food scales and portion size bowls and plates
- Supported free health exams through Project Care Free Clinic in Minnesota's Iron Range region
- Members used their discount on 2,716 community education classes — saving \$34,550
- Members exercised 1,295,872 times at a fitness center





Prepare for the unexpected

Granting Power of Attorney

Who would you want to make important financial and health decisions for you if you couldn't speak for yourself? With a Power of Attorney document, you can legally choose who will stand in your place if you become unable to make those decisions. Many people choose a trusted family member or friend.

You might consider setting up Power of Attorney if you:

- Are going on a long trip
- Will be deployed with the military
- Have a serious illness or disability
- Want to allow someone to communicate with your health plan on your behalf

Your attorney-in-fact is the person or people you choose to act on your behalf. You can list the types of decisions you want them to make on the Power of Attorney document.

You can also choose successors to your attorney-in-fact. For example, you list your brother as your attorney-in-fact and your two children as his successors. If your brother dies or is unable to serve, your children would then be able to serve. The successors cannot serve unless your attorney-in-fact is unable to serve.

Power of Attorney and health care

There are different types of Power of Attorney agreements. If you want someone to be able to access information about your health care coverage, choose General or Durable Power of Attorney.

With a Health Care Power of Attorney, a person can only make medical decisions for you. Your health plan cannot give health care coverage information to them. This is also called a health care directive.

Send your Power of Attorney document to UCare

Once complete, mail or fax your Power of Attorney document to UCare. We'll put it in your file. If your designated representative calls us, we will check the document for their name. We'll also check if they are allowed to receive information about your health care coverage.

Your Power of Attorney won't expire. You can update it at any time by sending us a new document.

UCare also offers Statement of Representative and Release of Information forms. You can list who may receive information about your health care coverage on these documents. Find these forms at ucare.org under Plan Resources.

How to set up a Power of Attorney

You can use a short form from the Minnesota Attorney General. This form meets state legal requirements. You can find it at ag.state.mn.us. UCare has also linked to it on the Plan Resources page on ucare.org. If you want a custom form, you can work with a lawyer to write it.

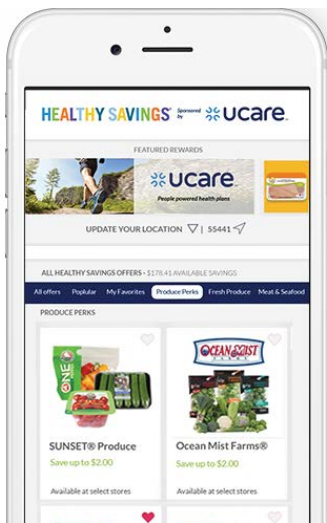
Send your Power of Attorney form to UCare

Mailing address:

UCare
Attn: Enrollment
PO Box 52
Minneapolis, MN 55440

Fax:

612-676-6501, Attn: Enrollment



Save on groceries

When you sign up for Healthy Savings, you can save on items including milk, whole-grain bread, lean meat, eggs, yogurt, fruit and vegetables.

In 2019, members saved over \$35,500 on healthy food. You can use your Healthy Savings card or scan your smartphone app at 185 grocery stores throughout Minnesota.

Get started at healthysavings.com/ucare.



Help power UCare

You can help us build better health plans. Many UCare members participate on member advisory groups, fill out surveys or volunteer with us.

2020 UCare advisory group schedule

- MinnesotaCare (MnCare) and Prepaid Medical Assistance Program (PMAP): March 12, July 30 and October 29
- UCare Connect (SNBC) and UCare Connect + Medicare (HMO D-SNP): April 9, September 10 and December 3
- UCare Medicare: February 20, June 18 and September 24

Dates subject to change.

Meeting location: 500 Stinson Blvd, Minneapolis, MN 55413.

Open comment time held at each meeting for members and their caregivers. Please call in or email your comment or question at least one week in advance.

Learn how you can get involved at ucare.org/getengaged, email getengaged@ucare.org or call 612-676-3578, TTY 612-676-6810.

New year, new plan documents

Did you know your plan materials are updated every year? It's important to know what resources are available to you, so you can get the most from your coverage.

Each UCare plan has a Member Handbook, Member Contract or Evidence of Coverage. These important plan documents include valuable information such as what benefits are covered, your member rights and responsibilities and how to contact UCare.

Your plan's Provider and Pharmacy Directory can help you find doctors, dentists, pharmacies, hospitals and chiropractors in your network.

If your plan has prescription drug coverage, you can look up which drugs are covered in your plan's formulary. This is also called a List of Covered Drugs.

How do I access these resources?

- Visit search.ucare.org to look up:
 - Doctors and locations in the online Provider and Pharmacy Directory
 - Prescription drugs in the List of Covered Drugs
- Visit ucare.org/for-members to view a copy of your plan's Member Handbook, Member Contract or Evidence of Coverage
- Request printed materials
 - Member Portal — Send us a request through UCare's online member portal
 - By phone — Call Customer Service



Common health plan terms

Copay — Set fee you pay when you visit your doctor, fill a prescription or stay in a hospital.

Coinsurance — Percentage of costs you pay for a covered health care service.

Deductible — Amount you pay for covered health care services before your plan begins to pay. After you've met your deductible, your plan will cover part or all of your services, and you may owe a copay or coinsurance.

Monthly premium — Amount you pay each month for your health plan.

In-network — Doctors, hospitals and other health care providers that are part of your health plan. You will usually pay less when you go to in-network doctors.

Out-of-network — Health care providers who do not participate in your health plan network. You will usually pay more when you go to out-of-network doctors.

Out-of-pocket maximum — The most you will have to pay for medical care in a calendar year.

Annual Report

The below financial statement corrects the Annual Report shared in the Spring 2019 newsletter. The line item, Trade Payable and Other, was stated incorrectly. We have corrected our error below and apologize for the misstatement.

CORRECTED

Years Ended December 31, 2018 and 2017

UCare Summarized Statement of Revenue and Expenses

Revenues	2018	2017
Premiums Earned	\$3,425,863,783	\$2,732,890,234
Investment Income and Other	5,584,057	36,453,697
Total Revenues	\$3,431,447,840	\$2,769,343,931
Expenses		
Medical and Hospital Services	\$3,141,995,954	\$2,445,013,517
Administrative Expenses	269,253,572	220,240,970
Total Expenses	\$3,411,249,526	\$2,665,254,487
Revenue over Expenses	\$20,198,314	\$104,089,444

UCare Summarized Balance Sheet

Assets	2018	2017
Cash and Investments	\$1,038,167,727	\$1,067,174,327
Receivables, Net	211,927,600	135,928,764
Prepaid Expenses	5,610,189	4,214,361
Property and Equipment, Net	52,244,361	35,300,351
Restricted Assets	45,483,465	44,903,242
Other	1,242,882	1,056,839
Total Assets	\$1,354,676,224	\$1,288,577,884
Current Liabilities and Net Assets		
Claims and Settlements Payable	\$447,874,100	\$395,546,353
Trade Payable and Other	20,002,290	18,775,937
Accrued Taxes and Assessments	14,509,375	10,452,408
Accrued Compensation	12,480,518	10,985,659
Unearned Premiums	158,749,911	173,316,303
Total Current Liabilities	\$653,616,194	\$609,076,660
Long Term Liabilities	23,599,462	22,238,970
Net Assets	677,460,568	657,262,254
Total Liabilities and Net Assets	\$1,354,676,224	\$1,288,577,884

Notice of Privacy Practices

Effective Date: July 1, 2013

This Notice describes how medical information about you* may be used and disclosed and how you can get access to this information. Please review it carefully.

Questions?

If you have questions or want to file a complaint, you may contact our Privacy Officer at UCare, Attn: Privacy Officer, P.O. Box 52, Minneapolis, MN 55440-0052, or by calling our 24 hour Compliance Hotline at 612-676-6525. You may also file a complaint with the Secretary of the U.S. Department of Health & Human Services at the Office for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. We will not retaliate against you for filing a complaint.

Why are we telling you this?

UCare believes it is important to keep your health information private. In fact, the law requires us to do so. The law also requires us to tell you about our legal duties and privacy practices. We are required to follow the terms of the Notice currently in effect.

What do we mean by “information?”

In this Notice, when we talk about “information,” “medical information,” or “health information,” we mean information about you that we collect in our business of providing health coverage for you and your family. It is information that identifies you.

What kinds of information do we use?

We receive information about you as part of our work in providing health plan services and health coverage. This information includes your name, address, and date of birth, gender, telephone numbers, family information, financial information, health records, or other health information. Examples of the kinds of information we collect include: information from enrollment applications, claims, provider information, and customer satisfaction or health surveys; information you give us when you call us about a question or when you file a complaint or appeal; information we need to answer your question or decide your appeal; and information you provide us to help us obtain payment for premiums.

What do we do with this information?

We use your information to provide health plan services to members and to operate our health plan. These routine uses involve coordination of care, preventive health, and case management programs. For example, we may use your information to talk with your doctor to coordinate a referral to a specialist.

* In this Notice, “you” means the member and “we” means UCare.

We also use your information for coordination of benefits, enrollment and eligibility status, benefits management, utilization management, premium billing, claims issues, and coverage decisions. For example, we may use your information to pay your health care claims.

Other uses include customer service activities, complaints or appeals, health promotion, quality activities, health survey information, underwriting, actuarial studies, premium rating, legal and regulatory compliance, risk management, professional peer review, credentialing, accreditation, antifraud activities, as well as business planning and administration. For example, we may use your information to make a decision regarding an appeal filed by you.

In addition, we may use your information to provide you with appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We may also share information with family members or others you identify as involved with your care, or with the sponsor of a group health plan, as applicable.

We do not use or disclose any genetic information for the purpose of underwriting.

We do not sell or rent your information to anyone. We will not use or disclose your information for fundraising without your permission. We will only use or disclose your information for marketing purposes with your authorization. We treat information about former members with the same protection as current members.

Who sees your information?

UCare employees see your information only if necessary to do their jobs. We have procedures and systems to keep personal information secure from people who do not have a right to see it. We may share the information with providers and other companies or persons working with or for us. We have contracts with those companies or persons. In those contracts, we require that they agree to keep your information confidential. This includes our lawyers, accountants, auditors, third party administrators, insurance agents or brokers, information systems companies, marketing companies, disease management companies, or consultants.

We also may share your information as required or permitted by law. Information may be shared with government agencies and their contractors as part of regulatory reports, audits, encounter reports, mandatory reporting such as child abuse, neglect, or domestic violence; or in response to a court or administrative order, subpoena, or discovery request. We may share information with health oversight agencies for licensure, inspections, disciplinary actions,

audits, investigations, government program eligibility, government program standards compliance, and for certain civil rights enforcement actions. We also may share information for research, for law enforcement purposes, with coroners to permit identification or determine cause of death, or with funeral directors to allow them to carry out their duties. We may be required to share information with

the Secretary of the Department of Health and Human Services to investigate our compliance efforts. There may be other situations when the law requires or permits us to share information.

We only share your psychotherapy notes with your authorization and in certain other limited circumstances.

Other uses and disclosures not described above will be made only with your written permission. We will also accept the permission of a person with authority to represent you.

In most situations, permissions to represent you may be cancelled at any time. However, the cancellation will not apply to uses or disclosures we made before we received your cancellation. Also, once we have permission to release your information, we cannot promise that the person who receives the information will not share it.

What are your rights?

- You have the right to ask that we don't use or share your information in a certain way. Please note that while we will try to honor your request, we are not required to agree to your request.
- You have the right to ask us to send information to you at an address you choose or to request that we communicate with you in a certain way. For example, you may request that your mailings be sent to a work address rather than your home address. We may ask that you make your request in writing.
- You have the right to look at or get a copy of certain information we have about you. This information includes records we use to make decisions about health coverage, such as payment, enrollment, case, or medical management records. We may ask you to make your request in writing. We may also ask you to provide information we need to answer your request. We have the right to charge a reasonable fee for the cost of making and mailing the copies. In some cases, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will tell you in writing. We may give you a right to have the decision reviewed. Please let us know if you have any questions about this.
- You have the right to ask us to correct or add missing information about you that we have in our records. Your request needs to be in writing. In some cases, we may deny a request if the information is correct and complete, if we did not

create it, if we cannot share it, or if it is not part of our records. All denials will be in writing. You may file a written statement of disagreement with us. We have the right to disagree with that statement. Even if we deny your request to change or add to your information, you still have the right to have your written request, our written denial, and your statement of disagreement included with your information.

- You have the right to receive a listing of the times when we have shared your information in some cases. Please note that we are not required to provide you with a listing of information shared prior to April 14, 2003; information shared or used for treatment, payment, and health care operations purposes; information shared with you or someone else as a result of your permission; information that is shared as a result of an allowed use or disclosure; or information shared for national security or intelligence purposes. All requests for this list must be in writing. We will need you to provide us specific information so we can answer your request. If you request this list more than once in a 12-month period, we may charge you a reasonable fee. If you have questions about this, please contact us at the address provided at the end of this Notice.
- You have the right to receive notifications of breaches of your unsecured protected health information.
- You have the right to receive a copy of this Notice from us upon request. This Notice took effect July 1, 2013.

How do we protect your information?

UCare protects all forms of your information, written, electronic and oral. We follow the state and federal laws related to the security and confidentiality of your information. We have many safety procedures in place that physically, electronically and administratively protect your information against loss, destruction or misuse. These procedures include computer safeguards, secured files and buildings and restriction on who may access your information.

What else do you need to know?

We may change our privacy policy from time to time. As the law requires, we will send you our Notice if you ask us for it. If you have questions about this Notice, please call UCare Customer Services at the toll-free number listed on the back of your member card. This information is also available in other forms to people with disabilities. Please ask us for that information.

Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- Race
- Color
- National Origin
- Creed
- Religion
- Sexual Orientation
- Public Assistance Status
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)
- Marital Status
- Political Beliefs
- Medical Condition
- Health Status
- Receipt of Health Care Services
- Claims Experience
- Medical History
- Genetic Information

Auxiliary Aids and Services

UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services

UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- Race
- Color
- National Origin
- Age
- Disability
- Sex (including sex stereotypes and gender identity)

Contact the OCR directly to file a complaint:

Director
U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (Voice)
800-537-7697 (TDD)
Complaint Portal – <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- Race
- Color
- National Origin
- Religion
- Creed
- Sex
- Sexual Orientation
- Marital Status
- Public Assistance Status
- Disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- Race
- Color
- National Origin
- Creed
- Religion
- Sexual Orientation
- Public Assistance Status
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)
- Marital Status
- Political Beliefs
- Medical Condition
- Health Status
- Receipt of Health Care Services
- Claims Experience
- Medical History
- Genetic Information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have a right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome period. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administration actions.

Contact **DHS** directly to file a discrimination complaint:

ATTN: Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

UCare Complaint Notice

You have the right to file a complaint with UCare if you believe you have been discriminated against in our health care programs because of any of the following:

- Race
- Color
- National Origin
- Creed
- Religion
- Sexual Orientation
- Public Assistance Status
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)
- Marital Status
- Political Beliefs
- Medical Condition
- Health Status
- Receipt of Health Care Services
- Claims Experience
- Medical History
- Genetic Information

Phone: 612-676-3200
1-800-203-7225 toll free
612-676-6810 (TTY)
1-800-688-2534 toll free

Email: cag@ucare.org
Fax: 612-884-2021

Mailing address
UCare
Attn: Appeals and Grievances
P.O. Box 52
Minneapolis, MN 55440-0052

UCare's MSHO and UCare Connect + Medicare are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO and UCare Connect + Medicare depends on contract renewal.

Toll Free 1-800-203-7225, TTY 1-800-688-2534

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ما أذلاحة: إرتد مساعدة مجانية لتجرمة هه الوثيقة، ال على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາຍ ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.




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In-person **de-complicators**
are standing by

