2023 Summary of Benefits

UCare Medicare with M Health Fairview & North Memorial Plans Comparison Guide

Medicare Advantage — Metro

ucare®

your shopping **checklist**

- [ ] enroll in Original Medicare
- [ ] select the plan that fits your lifestyle
- [ ] enroll in a UCare Medicare Advantage plan

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3 ways to **enroll**

online

ucare.org/medicare123

fast and easy

secure data transfer

save enrollment to finish at later time

by mail

fill out the enrollment form and mail it in the postage-paid envelope

phone

call 1-877-671-1064 to enroll with a licensed Medicare Sales Specialist

call a trusted UCare broker near you

Why UCare with M Health Fairview & North Memorial Health?

Medicare can feel overwhelming when you're trying to figure it out on your own. Our team of de-complicators can make it easier.

We're the figure-outers who can tell you what you need to know about Medicare and help you pick a plan that's right for you.

UCare, M Health Fairview and North Memorial Health formed a special partnership to offer this network-based Medicare Advantage plan. You'll receive high-quality care from providers you know and trust — and pay less for care when you use in-network providers.

UCare Medicare with M Health Fairview & North Memorial Health gives you peace of mind with coverage that protects your health and your wallet.

ucare®

Medicare plans with
M Health Fairview &
North Memorial Health

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. Some services require prior authorization. To get a complete list of services we cover, call us and ask for the Evidence of Coverage.

This information is not a complete description of benefits. Call 1-877-671-1064 (TTY users call 1-800-688-2534) for more information.

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

the ABC&D of Medicare

Confused about Medicare? Our team of de-complicators is at your service to answer your toughest questions. We help you navigate so you can choose the health plan that's right for you.

If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users call 1-877-486-2048.

Understanding the four parts of Medicare

Original Medicare is made up of two parts — **Part A** and **Part B**

Part A — hospital coverage

Medicare Part A helps pay for inpatient hospital and skilled nursing facility stays, hospice care and home health care.

Part B — medical coverage

Medicare Part B helps pay for a wide range of medical expenses including doctor visits, many preventive screenings, lab tests, X-rays, outpatient procedures, mental health services, durable medical equipment and more.

Additional coverage and services
prescription eyewear, hearing aids, dental, health & wellness

Medicare Advantage plan

Part C — Medicare Advantage plan

Think of Part C (Medicare Advantage plan) as a package.

It combines Part A with Part B, then may add special benefits that Medicare does not cover, such as vision and dental care. Many packages even include Part D prescription drug coverage.

Discover the all-in-one convenience of a Medicare Advantage plan. Get all your health benefits in one package and find peace of mind in protecting your health and managing your out-of-pocket costs.

Part D — outpatient prescription drug coverage

Part D is available to anyone enrolled in either Medicare Part A or Part B. Part D can be purchased through two types of health plans: Medicare Advantage plans that include Part D or stand-alone prescription drug plans.

You must choose whether or not to enroll in Part D when you first become eligible for Medicare. Keep in mind that if you decline it, but decide you want this coverage later, you may have to pay a penalty.

Most Part D plans have a monthly premium, and benefits and drug costs that vary by plan. Each health plan publishes a list of covered drugs called a formulary.

When am I eligible for Original Medicare?

You qualify for Medicare if you:

- Are 65 or older or meet special criteria
- Worked for at least 10 years and paid Medicare taxes (or your spouse did)
- Are a citizen and permanent resident of the United States

How do I enroll in Original Medicare?

You may apply online at **ssa.gov/medicare,** via telephone appointment at 1-800-772-1213 (TTY users call 1-800-325-0778), or in person at a local Social Security office.

When can I enroll in a Medicare Advantage plan?

Medicare has limits to when and how often you can change your Medicare Advantage plan. These specific time frames, called "election periods," determine when you can enroll in or leave a Medicare Advantage plan.

Initial Coverage Election Period (ICEP)

When you become eligible for Medicare (either by age or disability), you may enroll in Original Medicare and a Medicare Advantage plan during your Initial Coverage Election Period (ICEP). When you enroll during the ICEP, the soonest Medicare allows us to accept your enrollment application is three months before you become eligible.

If you have had Part A and are just applying for Part B, the ICEP is limited to the three months prior to your enrollment in Part B.

Enroll when first eligible

You have a seven-month period (three months before you turn 65, the month you turn 65, and three months after your birthday month).

Example
birthday is July 4

3 months before **3 months after**

Late enrollment penalties

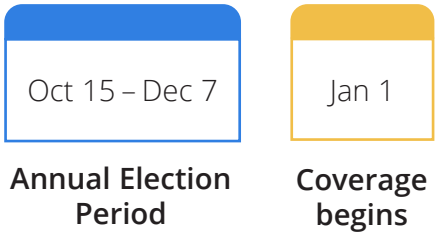
If you don't sign up for Part B and Part D when you first become eligible, Medicare may apply a penalty if you decide to sign up later. You'll pay the penalty for as long as you have Part B and Part D coverage. Some exceptions apply.

When can I make changes to my Medicare coverage?

Annual Election Period (AEP)

Every year between October 15 and December 7, 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.



Special Enrollment Periods (SEPs)

You may qualify for a Special Enrollment Period at any point during the year if you:

- Are leaving or losing coverage through an employer or union (including COBRA)
- Move to an area where your current plan isn't offered
- Are on Medical Assistance or no longer qualify for Medical Assistance
- Receive Extra Help for Medicare Part D
- Are losing your current coverage or your plan is no longer offered

Medicare Advantage Open Enrollment Period (MA-OEP)

During the MA-OEP, Medicare Advantage members may enroll in another Medicare Advantage plan or disenroll from their Medicare Advantage plan and return to Original Medicare (limited to one change). This period runs from January 1 through March 31 or if you are newly enrolled in Medicare, within your first three months of enrollment.

Why choose Medicare Advantage?

UCare Medicare Advantage plans with M Health Fairview and North Memorial Health offer all-in-one convenience, with medical and Medicare Part D prescription drug coverage in one simple plan. And you'll get extras like dental, prescription eyewear, hearing aids, and fitness benefits.

Get the benefits and coverage you need

Network — all M Health Fairview and North Memorial Health doctors, clinics and hospitals, as well as other independent providers

Choice — plans and premiums to fit your needs, lifestyle and budget

Customer service — local and easy to reach

Convenience — medical and Medicare Part D prescription drug coverage in one plan

Lots of extras — dental, prescription eyewear, hearing aids and fitness benefits

Online care — 24/7 diagnosis and treatment from an M Health Fairview or North Memorial Health provider

prescription drug coverage

dental coverage

over-the-counter benefit

fitness options

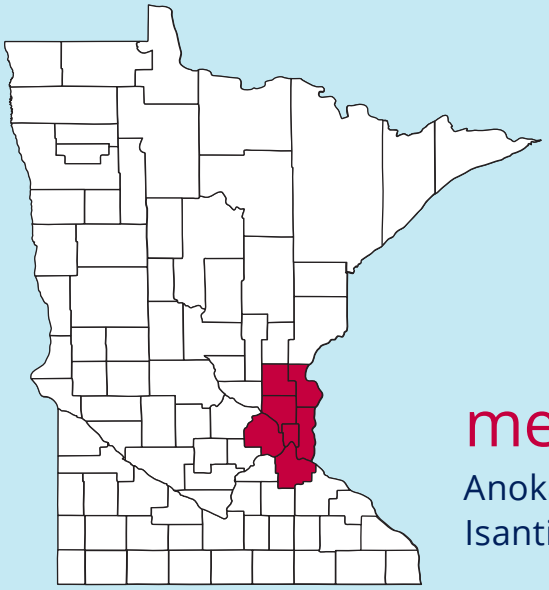
caregiver and wellness support

prescription eyewear and hearing aids

UCare partners up for your health

You can make the most of your health care dollar and access every type of care you may need with our M Health Fairview and North Memorial Health plans. In addition to the high-quality care you'll get from M Health Fairview and North Memorial Health, you can also see specialists at the University of Minnesota and many popular independent providers. And you'll never need a referral to see a specialist.

You'll get the same great coverage at many out-of-state providers with our expanded MultiPlan national network. You also get out-of-network coverage with any provider that accepts Medicare but you may pay more. To find a doctor in the plan network or see if your prescriptions are on our list of covered drugs, go to **ucare.org/medicare123** and choose "Medicare with M Health Fairview & North Memorial Health" under "Pick your plan."



more than 650 clinics

12 hospitals

4,350 total providers

metro counties

Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Washington

For information about plans available in other counties, call us at 1-877-671-1064 (TTY users call 1-800-688-2534), 8 am – 8 pm, seven days a week (Oct. 1 – March 31), 8 am – 8 pm, Monday – Friday (April 1 – Sept. 30).

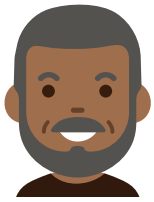
Picture yourself in one of our plans

Choose from two plans:

- Care Wise: M Health Fairview & North Memorial (HMO-POS)*
- Care Core: M Health Fairview & North Memorial (HMO-POS)*

Cindy

Cindy likes that her primary care doctor is in her plan's provider network. She is willing to pay a little more when she gets care. With Care Wise, she gets great value, a $0 monthly premium and $19 refund on her Part B premium.



Robert

Robert is in good health and wants an affordable plan that covers all the care he might need. He likes that specialists are included in the Care Core network, and that he won't have a copay for visits to his primary care doctor. The dental coverage and online care options are a bonus.

	Care Wise	Care Core
Plan premium (you must continue to pay your Part B premium)	$0	$42
Medical and hospital	✓	✓
Fitness programs	✓	✓
Dental	✓	✓
Prescription eyewear and hearing aids	✓	✓
Over-the-counter benefit	✓	✓
Medicare Part D prescription drug coverage	✓	✓
Coverage when traveling	✓	✓
Maximum out-of-pocket	$5,800	$5,500

*HMO-POS: Health Maintenance Organization with a Point-of-Service contract

Fitness options

One Pass fitness program

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

- More than 32,000 on-demand and live-streaming fitness classes
- Workout builders to create your own workouts
- A home fitness kit available to members who are physically unable to visit or who reside at least 15 miles outside a participating fitness location
- Personalized, online brain training program to help improve memory, attention and focus
- More than 30,000 social activities, community classes, and events available for online or in-person participation
- Find participating locations near you at **ucare.org/onepass** or call 1-877-504-6830 (TTY 711), 8 am – 9 pm, Monday – Friday

Health Club Savings

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

How it works

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

Prescription drug coverage

Refer to the chart on page 22 for more information on these benefits.

Find a drug

Search our List of Covered Drugs (formulary) at **ucare.org/medicare123,** click on "Learn more" under "Find a doctor or drug" and open the Drug List tab.

If you prefer, use the printed 2023 List of Covered Drugs provided. Check the alphabetical index in the back to find your drugs.

Find a pharmacy

Fill your prescriptions at one of more than 22,000 preferred and 42,000 standard pharmacies in our plan network.

You'll save more when you use preferred pharmacies:

- Preferred retail pharmacies include Fairview, North Memorial Health, CVS/Target, Coborn's, Costco, Cub Foods, Sam's Club/Walmart and Hy-Vee
- Express Scripts preferred mail order pharmacy provides a 90-day supply for two copays

You can also fill your prescriptions at standard cost-share pharmacies nationwide, including Walgreens.

Search for a full list of preferred pharmacies at **ucare.org/medicare123,** click on "Learn more" under "Find a doctor or drug" and open the Pharmacies tab.

If you prefer, call for help or request a Provider and Pharmacy Directory at 1-877-671-1064.

Low copays on select formulary insulins

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

Over-the-counter benefit

Refer to the chart on page 21 for more information on these benefits.

Our plans help you save money in lots of ways, including an over-the-counter (OTC) benefit through Healthy Savings®. You'll receive an allowance to use twice a year. Dollars you don't use will expire on June 30 and Dec. 31. You cannot redeem your allowance for cash. Eligible items include cough drops, first aid supplies, pain relief, sinus medications, toothpaste, and much more. Find participating locations, browse eligible items, and learn more at **healthysavings.com/ucare.**

Use your Healthy Savings OTC benefit

Participating stores include:

- Walmart
- Cub
- Coborn's
- CVS (not applicable to CVS in Target)
- Hornbachers
- Hy-Vee
- Kowalski's
- Lunds & Byerlys
- Super One Foods

Prescription eyewear

Refer to the chart on page 20 for more information on these benefits.

Our plans include a vision benefit with a $100 allowance for prescription glasses or contact lenses.

Hearing aids

Refer to the chart on page 19 for more information on these benefits.

Members enjoy a deep discount on high-quality hearing aids through TruHearing.® Choose from a variety of premium and standard hearing aids. All hearing aids include a 3-year warranty and up to one year of follow-up visits. Premium models include the option of a rechargeable battery.

Dental coverage

Refer to the chart on page 19 for more information on these benefits.

Both plans include dental coverage. You can make the most of your dental benefits when you see providers in the Delta Dental National Medicare Advantage network. You may pay more for services if you see a provider outside this network.

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

Community education discount

Get up to a $15 discount on most Minnesota community education classes. Check your local community education catalog or contact the local school district for class times and locations. Limit of three discounts in a calendar year (one discount per class enrollment).

Caregiver Assurance program

Refer to the chart on page 21 for more information on these benefits.

Caregiver support is just a phone call away with M Health Fairview's Caregiver Assurance™ program. A dedicated Caregiver Advisor provides guidance, resources and service referrals to help ease the stress that caregivers may experience. Caregiver Advisors are licensed social workers with training and experience in caregiving and aging. You or your caregiver will receive guidance tailored to your situation and needs.

UCare Wellness Advisor program

Refer to the chart on page 21 for more information on these benefits.

In partnership with M Health Fairview, the UCare Wellness Advisor program provides members with a dedicated well-being expert who offers support, counseling and resources to help manage your emotional wellness and improve your overall health. Help is just a call away and conversations are completely confidential.

Care by phone or online

Refer to the chart on page 18 for more information on these benefits.

Telehealth visits are included for Medicare-approved services. E-visits through M Health Fairview MyChart (online evaluation and diagnosis) are covered for some conditions.

Enrollment

Choose a clinic

Select a primary care clinic from the Primary Care Clinic Listing found in your plan information kit. Within this clinic, you may see any doctor. You may see any specialist in our network without a referral.

Forms by mail

We must receive your enrollment application 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).

Once we receive your enrollment application, you:

- may receive a call from us if any required information is missing from the enrollment form
- get a letter within 15 days to verify your enrollment
- may receive a letter from us if you did not have a Medicare Part D plan from the date you were first eligible
- may receive a letter from us if you are leaving an employer group plan to join our plan
- will get a new member packet
- will get a UCare member identification card that you can begin using on your effective date

Should you require medical services or prescription drugs before you receive your ID card, please call Customer Service at 1-888-618-2595 (TTY users call 1-800-688-2534).

How to pay your premiums

You can choose to pay your monthly premium:

- by check
- automatic payment/Electronic Funds Transfer (EFT)
- Social Security or Railroad Retirement Board withdrawal
- online at **member.ucare.org**

Please do not send payment with your enrollment form.

3 ways to enroll

online

ucare.org/medicare123

fast and easy

secure data transfer

save enrollment to finish at later time

by mail

fill out the enrollment form and mail it in the postage-paid envelope

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call 1-877-671-1064 to enroll with a licensed Medicare Sales Specialist

call a trusted UCare broker near you

Plan benefit details

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	Care Wise	Care Core
2023 monthly plan premium (you must continue to pay your Medicare Part B premium)	$0	$42
Medicare Part B premium reduction	$19	$0
Medical deductible	$0	$0
Medicare Part D deductible	Tier 1 = $0 Tiers 2 – 5 = $480	Tiers 1 & 2 = $0 Tiers 3 – 5 = $395
Maximum out-of-pocket The most you will pay out-of-pocket for in-network Medicare-covered services each year. Excludes Medicare Part D and all other non-Medicare covered services and premium. **This is not a deductible.**	$5,800; then 100% covered	$5,500; then 100% covered
Hospital Care		
Inpatient hospital care (per admission)	$350 copay per day (days 1 – 5); then 100% covered	$250 copay per day (days 1 – 5); then 100% covered
Outpatient hospital or procedure	$395 copay	$250 copay
Ambulatory surgery center	$395 copay	$250 copay
Doctor Visits — in person or telehealth for Medicare-approved services		
Primary	$0 copay	$0 copay
Specialist	$45 copay	$40 copay
E-visits through M Health Fairview MyChart	$0 copay	$0 copay
Preventive Care		
Routine physical exam	**In-network** $0 copay **Out-of-network** Not covered	**In-network** $0 copay **Out-of-network** Not covered

For the next four rows, the $0 copay applies in-network and out-of-network for both plans.

"Welcome to Medicare" preventive visit (if in the first 12 months on Part B)	$0 copay	$0 copay
Annual Wellness Exam (if you've had Part B for more than 12 months)	$0 copay	$0 copay
Flu and pneumonia vaccines	$0 copay	$0 copay
Mammogram screening, prostate cancer screening exam, bone mass measurement, diabetes screening, preventive colorectal cancer screening	$0 copay	$0 copay

In general, out-of-network cost-sharing in the U.S. is 25%; cost-sharing is the same both in and out-of-network for some services.

	Care Wise	Care Core
Emergency / Urgent Care — network does not apply		
Emergency care	$100 copay	$100 copay
Urgently needed services	$45 copay	$45 copay
Diagnostic Tests, Radiation Therapy, X-rays and Lab Services		
Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays	20% coinsurance	10% coinsurance up to a maximum of $150 per day
Lab services (e.g., Protime INR, cholesterol)	**In-network** $0 copay **Out-of-network** $0 copay	**In-network** $0 copay **Out-of-network** $0 copay
Hearing Services		
Diagnostic hearing exam	$50 copay	$40 copay
Annual routine hearing exam, hearing aid fitting and evaluation through TruHearing (three per year)	**In-network** $0 copay **Out-of-network** Not covered	**In-network** $0 copay **Out-of-network** Not covered
TruHearing aids in both Advanced and Premium models (two different copay amounts; two aids per year)	$699 copay for Advanced $999 copay for Premium	$699 copay for Advanced $999 copay for Premium
Dental Coverage — included at no additional cost		
Deductible	$0	$100 per year (does not apply to preventive services or periodontal maintenance cleanings)
Annual plan maximum	$300	$2,000
Oral examinations	Covered up to $300 allowance limit	Two per year
Routine cleanings		Two per year
X-rays		Annual bitewing and full mouth every 5 years
Fluoride treatment		Covered
Periodontal maintenance cleanings		Covered
Basic restorative services (e.g., fillings, root canals, periodontal services)		50% coinsurance
Major restorative procedures (e.g., crowns, bridges, implants, dentures)		70% coinsurance

For dental limitations and exclusions, see page 26.

	Care Wise	Care Core
Vision Services		
Diagnostic eye exam	$50 copay	$40 copay
Annual routine eye exam and up to two refractions per year	**In-network** $0 copay **Out-of-network** Not covered	**In-network** $0 copay **Out-of-network** Not covered
Diabetic retinopathy exam	$0 copay	$0 copay
Prescription eyeglasses or contact lenses after cataract surgery	$0 copay	$0 copay
Annual allowance for prescription eyeglasses or contacts at your preferred eyewear retailer	$100	$100
Mental Health Services		
Inpatient hospital stay (90-day limit per stay) Limited to 190 days in a lifetime in a psychiatric hospital	$350 copay per day (days 1 – 5); then 100% covered	$250 copay per day (days 1 – 5); then 100% covered
Outpatient mental health care	$40 copay	$40 copay
Skilled Nursing Facility Care (or swing bed)^		
Care in a skilled nursing facility with **no prior 3-day hospital stay required**	$0 copay per day for days 1 – 20; $196 copay per day for days 21 – 100; per benefit period	$0 copay per day for days 1 – 20; $196 copay per day for days 21 – 100; per benefit period
Other Services		
Physical therapy	$40 copay per visit	$40 copay per visit
Ambulance (within the U.S. and its territories) Includes air and/or ground	$300 copay	$275 copay
Transportation (non-emergency)	Not covered	Not covered
Medicare Part B Drugs^ Generally, drugs that must be administered by a health professional	20% coinsurance	20% coinsurance
Chiropractic services through ChiroCare network^ Manual manipulation of the spine to correct subluxation	**In-network** $20 copay **Out-of-network** Not covered	**In-network** $20 copay **Out-of-network** Not covered

^Service requires prior authorization

	Care Wise	Care Core
Other Services continued		
Acupuncture Both plans cover acupuncture for chronic low back pain, based on Medicare criteria	Doctor visit copays apply (see page 18)	Doctor visit copays apply (see page 18)
Podiatry services	$45 copay	$40 copay
Over-the-counter (OTC) benefit	$75 allowance twice a year	$75 allowance twice a year
Caregiver Assurance phone consultation	$0 copay	$0 copay
UCare Wellness Advisor Covers six 60-minute sessions annually	$0 copay	$0 copay
Durable medical equipment^ (e.g., oxygen equipment, CPAP)	**In-network** 20% coinsurance **Out-of-network** Not covered	**In-network** 20% coinsurance **Out-of-network** Not covered
Prosthetic devices (e.g., braces, colostomy bags and supplies)	20% coinsurance	20% coinsurance
Diabetic supplies • Continuous blood glucose monitors • Other glucose monitors • Test strips and lancets • Inserts and shoes (Insulin and syringes covered under Medicare Part D)	 20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance	 20% coinsurance 10% coinsurance 10% coinsurance 10% coinsurance
Coverage When Traveling — In addition to the in-network coverage you get at UCare with M Health Fairview & North Memorial Health network providers and at out-of-state MultiPlan network providers, you're also covered at other providers accepting Medicare, but you may pay more.		
Care from any out-of-network provider that accepts Medicare	25% of the cost of services	25% of the cost of services
Emergency care	$100 copay	$100 copay
Urgently needed services	$45 copay	$45 copay
Ambulance (within the U.S. and its territories) Includes air and/or ground	$300 copay	$275 copay
Worldwide Emergency Care (outside the U.S. and its territories)		
Emergency care including post-stabilization	$100 copay	$100 copay
Ground ambulance to the nearest hospital for emergency care	$100 copay	$100 copay

Note: Only emergency coverage is worldwide. You may want to consider purchasing a separate travel policy while traveling outside the U.S. for services such as air ambulance.

	Care Wise	Care Core
Medicare Part D Coverage		
Cost Sharing for Deductible: You pay the full cost of your drugs until you reach this amount	Tier 1 = $0 Tiers 2 – 5 = $480	Tiers 1 & 2 = $0 Tiers 3 – 5 = $395
Initial Coverage Phase: From $0 to $4,660 in annual prescription drug costs. After you meet the deductible, you pay the amounts listed below		
Cost Sharing (Retail): Our network includes preferred pharmacies, which offer lower cost sharing than standard network pharmacies		
Tier 1 Preferred generic drugs	**Retail** — 30-day supply Preferred: $3 copay Standard: $12 copay	**Retail — 30-day supply** Preferred: $3 copay Standard: $12 copay
Tier 2 Generic drugs	**Retail** — 30-day supply Preferred: $15 copay Standard: $20 copay	**Retail — 30-day supply** Preferred: $15 copay Standard: $20 copay
Tier 3 Preferred brand drugs Select insulin Preferred: $30 copay Standard: $35 copay	**Retail** — 30-day supply Preferred: 17% coinsurance Standard: 25% coinsurance	**Retail — 30-day supply** Preferred: $47 copay Standard: $47 copay
Tier 4 Non-preferred drugs	**Retail** — 30-day supply Preferred: 50% coinsurance Standard: 50% coinsurance	**Retail — 30-day supply** Preferred: 50% of the cost Standard: 50% of the cost
Tier 5 Specialty drugs	**Retail** — 30-day supply Preferred: 25% coinsurance Standard: 25% coinsurance	**Retail — 30-day supply** Preferred: 26% of the cost Standard: 26% of the cost

Cost-sharing may differ based on pharmacy type or status (mail-order, retail, long-term care (LTC), home infusion), whether the pharmacy is in our preferred or standard network or whether the prescription is a 30-, 60-, or 90-day supply.

Additional requirements or limits on covered drugs — Some covered drugs may have additional requirements or limits on coverage. These may include: Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST). Visit **ucare.org/medicare123** to find out if your drug has any additional requirements or limits. You can also ask us to make an exception to these restrictions or limits. Details on how to make these requests are in the formulary and in the Evidence of Coverage.

Part D vaccines

Our plans cover most Part D vaccines at no cost to you, even if you haven't paid your deductible. This includes the two-part shingles vaccine (SHINGRIX).

	Care Wise	Care Core
Coverage Gap		
Once you have reached $4,660 in annual prescription drug spending (your cost plus UCare's cost), you pay as shown	25% of the cost of generic and brand drugs	25% of the cost of generic and brand drugs
Catastrophic Coverage		
Once you have reached $7,400 in annual prescription drug spending (excluding UCare's cost), you pay as shown	**You pay** The greater of $4.15 or 5% coinsurance for generic drugs The greater of $10.35 or 5% coinsurance for all other drugs	**You pay** The greater of $4.15 or 5% coinsurance for generic drugs The greater of $10.35 or 5% coinsurance for all other drugs

Preferred Pharmacies

More savings — Pay less for your drugs at more than 22,000 pharmacies, including Fairview, North Memorial Health, CVS/Target, Coborn's, Costco, Cub Foods, Sam's Club/Walmart and Hy-Vee

Standard Pharmacies

More choice — Fill your prescriptions at more than 42,000 standard cost-share pharmacies nationwide, including Walgreen's

Search for a full list of preferred pharmacies at **ucare.org/medicare123,** click on "Learn more" under "Find a doctor or drug" and open the Pharmacies tab.

If you prefer, call for help or request a Provider and Pharmacy Directory at 1-877-671-1064.

Extra Help for Medicare Part D

You may be able to get Extra Help to help pay for your prescription drug premium and costs.

To see if you qualify, call:

- 1-800-MEDICARE (TTY users call 1-877-486-2048), 24/7
- Social Security Administration at 1-800-772-1213 (TTY users call 1-800-325-0778), 7 am – 7 pm, Monday – 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 Medicare Part D coverage because their yearly income is over certain amounts.

Additional information

Provider network coverage

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 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 at different cost-share levels.

Out-of-network/non-contracted providers are under no obligation to treat UCare members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Learn about special services

Care Management
UCare Medicare with M Health Fairview & North Memorial Health Case Management is a short-term (3 – 6 month) telephonic program for members challenged by multiple chronic health conditions. We offer care management to members with select diagnoses who transition to home from a hospital or skilled nursing facility. The Case Management team consists of registered nurses whose primary focus is on assisting our members with medical case management needs such as health decision support and disease specific education. The case management team also works with internal and external resources to provide the member with needed support and help with attaining best health outcomes. They conduct care management by phone during business hours.

Prior Authorizations
We cover some services listed in the benefits chart only if your doctor or other provider gets approval from us in advance. Some covered services that need such approval include inpatient rehabilitation services, genetic, molecular diagnosis tests, lumber spine surgery, bariatric surgery, vein procedures, bone growth stimulators, and spinal cord stimulators. Other services that require prior authorization are marked with an ^ in the chart. For more information on services that require prior authorization by your provider, go to **ucare.org.**

The Benefits Chart section of the Evidence of Coverage includes the information for each of our UCare Medicare Plans. This information is also at **ucare.org.**

Understanding utilization management

Authorization and notification
One of the ways UCare makes sure you get excellent care is by partnering with your doctors to review certain types of services and procedures. We want you to get the care that is best for your needs.

This Summary of Benefits notes which types of care or services require notification or authorization. This list may change from time to time. Some examples include spine surgery and home health care.

Notification
Hospitals are required to notify UCare if you are admitted to a hospital, Long Term Care Facility, or Skilled Nursing Facility. UCare's clinical team will coordinate with your doctors to make sure you get the care you need. If needed, UCare may set up post-hospital care.

Authorization
Before some services will be covered, your provider must get approval from UCare. This is true whether the provider participates in a UCare network or is out-of-network.

To make a coverage decision, UCare's clinical team evaluates if the service is medically necessary, appropriate and effective for your need.

Prior authorization, or preservice review, means that before you get the service, your provider must provide information to UCare and request approval. If prior approval is required for that service, it will only be covered if the approval was granted.

Urgent concurrent and concurrent review often occurs during a Long Term Care Facility, or Skilled Nursing Facility stay. UCare will review to see if your care might need to continue longer or if different care is needed.

Post-service review is needed if your doctor didn't request pre-service review. Your claim may have already been denied because authorization is required for coverage. After your doctor requests review, UCare will consider your situation and care plan to make sure you get the coverage you are entitled to as a UCare member.

If we deny a request made by you or your doctor, for medical services or pharmaceuticals, you or your doctor may appeal our decision. When you file an appeal, you or your Doctor may submit additional documentation that is relevant to your appeal. Appeal requests are reviewed against current medical evidence and your benefit plan by physicians. If we deny your appeal, you will be given information on how to file a second level appeal.

Learn more
Go to **ucare.org** and click on "plan resources." UCare members can also look up services in their Evidence of Coverage and Annual Notice of Change documents. These documents note if notification and authorization is required. The Evidence of Coverage is provided to new members. Every renewal year, members receive an Annual Notice of Change that explains any changes to their plan benefits.

Consider Medicare coverage limits

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

- Services considered not reasonable and necessary, 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, such as a telephone or a television
- Full-time nursing care in your home
- Custodial care — 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, such as 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 covered in case of an accidental injury or for improvement of the functioning of a malformed body part. 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.
- Routine chiropractic care, other than manual manipulation of the spine to correct a subluxation
- Routine foot care, except for the limited coverage provided according to Medicare guidelines (e.g., if you have diabetes)
- 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
- Radial keratotomy, LASIK surgery, vision therapy and other low-vision aids. Eyewear except for one pair of eyeglasses (or contact lenses) after cataract surgery and non Medicare-covered eyewear up to the allowed amount.
- Reversal of sterilization procedures, and/or non prescription contraceptive supplies
- Acupuncture (except for chronic low back pain)
- 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.

Dental coverage limitations

Frequency limits and waiting periods do not apply to plans with a yearly dental allowance. Otherwise these limitations apply to all plans.

- Endodontics: Limited to one (1) per tooth per lifetime.
- Periodontics (other than periodontal maintenance cleanings): Coverage is limited to one (1) non-surgical periodontal treatment and one (1) surgical periodontal treatment per quadrant every 36 months.
- Bone grafting: Coverage is limited to once per site (upper/lower ridge) in conjunction with building the bony ridge needed for successful placement of an implant or removable prosthetics (partial/full dentures).
- Major restorative services: Benefit for the replacement of a crown or an onlay will be provided only after a 60 month period, measured from the last date the covered dental service was performed.
- Prosthetics — removable and fixed: A prosthetic appliance (denture or bridge) for the purpose of replacing an existing appliance will be covered only after 60 months.
- Implant services: Replacing a single missing tooth. Coverage for implants is limited to once per tooth per lifetime (also see Exclusion #18).

Dental coverage exclusions

These exclusions are specific to dental coverage. Some of these exclusions may be covered under your medical benefit:

1. Dental services that are not necessary or specifically covered
2. Hospitalization or other facility charges
3. Prescription drugs
4. Any dental procedure performed solely as a cosmetic procedure
5. Charges for dental procedures completed prior to the member's effective date of coverage
6. Anesthesiologist services
7. Dental procedures, appliances or restorations that are necessary to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition (wear), realignment of teeth, periodontal splinting, and gnathologic recordings
8. Direct diagnostic surgical or non-surgical treatment procedures applied to jaw joints or muscles, except as provided under Oral Surgery in the Evidence of Coverage
9. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions
10. Oral hygiene instruction and periodontal exam
11. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture
12. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the Evidence of Coverage
13. Analgesia (nitrous oxide)
14. Removable unilateral dentures
15. Temporary procedures
16. Splinting
17. Consultations by the treating provider and office visits
18. Initial installation of implants, full or partial dentures or fixed bridgework to replace a tooth or teeth extracted prior to the member's effective date. Exception: This exclusion will not apply for any member who has been continuously covered under a UCare Medicare Plan for more than 24 months
19. Occlusal analysis, occlusal guards (night guards) and occlusal adjustments (limited and complete)
20. Veneers (bonding of coverings to the teeth)
21. Orthodontic treatment procedures
22. Corrections to congenital conditions, other than for congenital missing teeth
23. Athletic mouth guards
24. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the Evidence of Coverage
25. Space maintainers

Notice of privacy practices

Effective Date: July 1, 2013
Date of Last Review: July 20, 2022
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.

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

Questions?
If you have questions or want to file a complaint, you may contact our Privacy Officer at UCare, Attn: Privacy Officer, PO 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, race, ethnicity, language, sexual orientation, gender identity, 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.

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.

We do not use or disclose any genetic information, race, ethnicity, language, sexual orientation or gender identity for the purpose of underwriting.

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 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 and was last revised on July 20, 2022.

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 Service 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.

Notice of nondiscrimination

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

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

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

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

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

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

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

Written grievance
Mailing Address
UCare
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Email: cag@ucare.org Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

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

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

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

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

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

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

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

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

ဟ်သူဉ်ဟ်သး–နမ့်ကတိၤ ကညီ ကျိာ်အဃိ, နမၤနှ်ၤ ကျိာ်အတၢ်မၤစၢၤလၢ တလာ်ဘူဉ်လာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយា ភាសារ៉ខ្មែរ, រសរាជំនួយរ័ផ្តកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរ៉ីអ្នក។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة :إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان .اتصل برقم
612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

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

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

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

Notes

Notes

Compare benefit highlights

For services at in-network providers

	Care Wise	Care Core
2023 monthly plan premium (you must continue to pay your Part B premium)	$0	$42
Preventive care	$0 copay for many services	$0 copay for many services
Doctor visits	Primary: $0 copay Specialist: $45 copay	Primary: $0 copay Specialist: $40 copay
Inpatient hospital care (per admission)	$350 copay per day (days 1 – 5); then 100% covered	$250 copay per day (days 1 – 5); then 100% covered
Diagnostic tests, X-rays	20% coinsurance	10% coinsurance up to a maximum of $150 per day
Lab services	$0 copay	$0 copay
Medicare Part D prescription drug coverage	Annual deductible: Tier 1 = $0 Tiers 2 – 5 = $480 Copays based on drug tiers, as low as $3	Annual deductible: Tiers 1 & 2 = $0 Tiers 3 – 5 = $395 Copays based on drug tiers, as low as $3
Hearing aids	$699 copay for Advanced $999 copay for Premium	$699 copay for Advanced $999 copay for Premium
Dental coverage	$300 yearly allowance	Routine and restorative dental coverage at no additional cost
Prescription eyewear	$100 prescription eyewear/ contacts allowance	$100 prescription eyewear/ contacts allowance
Fitness program	Basic membership	Basic membership
Over-the-counter benefit	$75 allowance twice a year	$75 allowance twice a year
Maximum out-of-pocket	$5,800	$5,500
Worldwide emergency care	$100 copay	$100 copay
Coverage when traveling	Out-of-network coverage	Out-of-network coverage

500 Stinson Blvd
Minneapolis, MN 55413
612-676-6645 | 1-877-671-1064 | TTY 1-800-688-2534
8 am – 8 pm, seven days a week (Oct. 1 – March 31)
8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)
ucare.org

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