



Stillwater, Minnesota

2020 Summary of Benefits

UCare Medicare Group Plans (HMO-POS)

Group P



96%

of all Minnesota providers in network
with no referrals needed

TOP 11%

ranking of plans nationwide
earning 4.5 out of 5 stars*

* Every year, Medicare evaluates plans based on a 5-star rating system.

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 preauthorization. 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 1-877-598-6574 or TTY 1-800-688-2534 for more information.

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

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](https://www.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 should call 1-877-489-2048.



Why UCare?

Medicare can feel overwhelming when you're trying to figure it out on your own. UCare can help.

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

UCare is one of the longest serving Medicare Advantage plans in Minnesota. Today, more than 100,000 members trust us to provide their health coverage.

Get the peace of mind you deserve with UCare's great coverage and affordable prices.

2020 Summary of Benefits

UCare Medicare Group Plans

See what's inside:

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The ABC & D 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**
*vision, hearing, 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. All our plans 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 1-800-325-0778), or in person at a local Social Security office.

When can I make changes to my Medicare coverage?

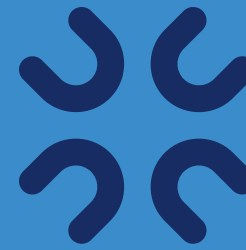
You may end your membership in our plan at any time. You will be enrolled until the end of the month.

Please note that if you choose to disenroll from your employer group plan you may not be eligible to re-enroll in your employer group plan(s) at a future date.



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.



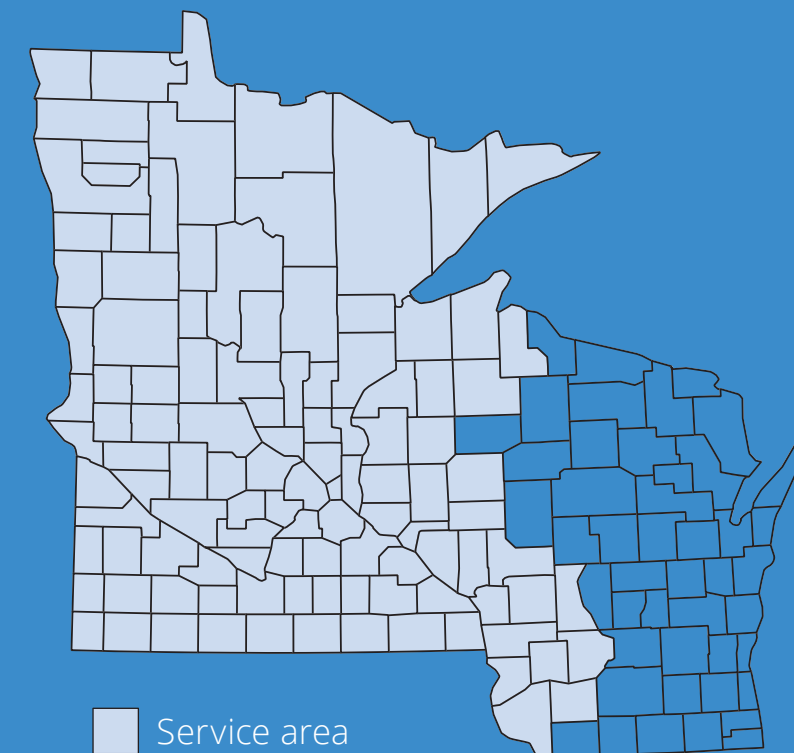
UCare offers Medicare Group plans where you live

To remain a member of our plan, you must continue to reside in the plan service area.

Our service area includes the State of Minnesota and these counties in the State of Wisconsin: Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Crawford, Douglas, Dunn, Eau Claire, Grant, Iowa, Jackson, Juneau, La Crosse, Monroe, Pepin, Pierce, Polk, Richland, St. Croix, Sauk, Sawyer, Trempeleau, Vernon and Washburn.

If you plan to move out of the service area, please contact Customer Service (phone numbers are printed on the back cover of this booklet). When you move, you will have a Special Enrollment Period that will allow you to switch to Original Medicare or enroll in a Medicare health or drug plan that is available in your new location.

It is also important that you call Social Security if you move or change your mailing address.





UCare provider network and prescription drug coverage

Are yours included?

Is my doctor in the network?



Find a doctor

Search for a full list of providers (including specialists, hospitals, dentists and chiropractors) at [ucare.org](https://www.ucare.org), click “search network.”

If you prefer, call for help or to request a Provider and Pharmacy Directory at **1-877-447-4385**.

Are my prescription drugs covered?



Find a drug

Search our list of covered drugs at [ucare.org](https://www.ucare.org), click “search network” and select “Drug List.”

If you prefer, use the printed 2020 list of covered drugs (formulary) provided. Check the alphabetical index in the back of the formulary to find your drugs.

96% of all Minnesota providers in network

including Allina Health, M Health Fairview, Park Nicollet, North Memorial Health, Essentia Health, Stillwater Medical Group, Voyage Healthcare, Sanford Health, Entira Family Clinics, Mayo Clinic and many more with no referrals needed



What are my prescription drug options?

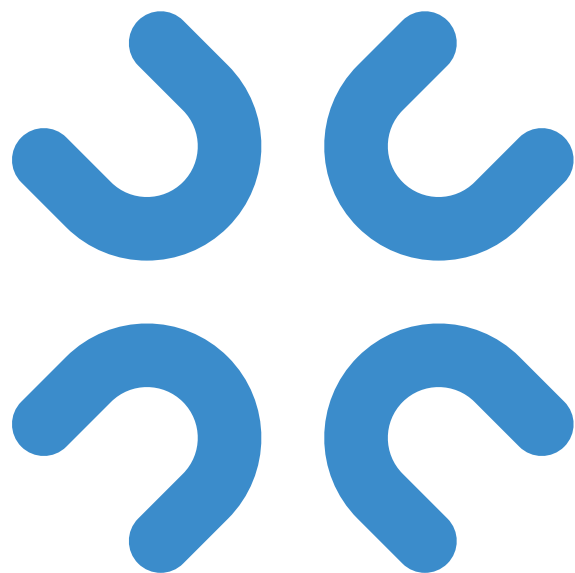
Fill your prescriptions at one of more than 60,000 preferred and standard pharmacies in your plan network. You'll save more when you use preferred pharmacies, including mail order.

Preferred Pharmacies

- **Value** — Pay two copays for a 90-day supply of your medications when you use a preferred network pharmacy
- **Choice** — Choose from more than 23,000 preferred pharmacies, including CVS/Target, Costco, Cub Foods and Sam's Club/Walmart
- **Express Scripts mail order** — Safe and convenient, plus you can get a 90-day supply for two copays. Learn more about Express Scripts in your new member packet.

To find a preferred pharmacy in your plan network, use the online search tool at ucare.org, "search network."

If you prefer, call for help or request a Provider and Pharmacy Directory at **1-877-598-6574**.



What about fitness benefits and discounts?

SilverSneakers® Fitness Program

Whether you're close to home or traveling, you can use your SilverSneakers membership however and whenever it works for you. This fitness program includes:

- A free basic fitness membership at more than 16,000 locations in the SilverSneakers network
- Online support
- SilverSneakers FLEX™ fitness classes
- At-home fitness kit options for stress relief, strength, walking and yoga

How it works

To find clubs and classes where you live or travel, visit silversneakers.com or call 1-888-423-4632, Monday – Friday, 7 am – 7 pm CT.



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Health Club Savings Program

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 SilverSneakers network, you can receive a reimbursement of up to \$20 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/healthwellness.



Community Education Discount

Get up to a \$15 discount on most Minnesota community education classes, like cooking or learning a new language. 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).

UCare Medicare Plans

Get all your health benefits in one plan



travel coverage



prescription drug coverage



vision benefits



fitness options



dental coverage



hearing benefits

Enrollment

Choose a clinic

Select a primary care clinic from the Primary Care Clinic Listing found in your packet. 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.

Once we receive your enrollment application, you:

- may receive a call from us if any required information is missing from the enrollment form
- will 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
- 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 1-877-447-4385 (TTY 1-800-688-2534)

How to pay your premiums

You can choose to pay your premium by:

- monthly check by mail
- automatic payment/Electronic Funds Transfer (EFT)

If your employer is paying your premium, we will bill them directly.

You cannot charge your premium to a credit card. Please do not send money with your enrollment form.

Plan benefit details

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
2020 monthly premium (you must continue to pay your Medicare Part B premium)	\$342	\$177	\$79
Medical deductible	\$0	\$0	\$0
Part D deductible	Tier 1 = \$0 Tiers 2-4 = \$100	Tier 1 = \$0 Tiers 2-4 = \$200	Tier 1 = \$0 Tiers 2-4 = \$400
Out-of-pocket maximum	\$3,400	\$3,400	\$3,400
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.	Once you have paid this amount, you are covered at 100% for benefits for the remainder of the calendar year	Once you have paid this amount, you are covered at 100% for benefits for the remainder of the calendar year	Once you have paid this amount, you are covered at 100% for benefits for the remainder of the calendar year
Hospital Care			
Inpatient hospital care (per admission) 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.	\$100 copay per admission; then 100% covered	\$200 copay per admission; then 100% covered	\$300 copay per day (days 1-5); then 100% covered
Outpatient hospital or procedure	\$200 copay	\$250 copay	\$250 copay
Ambulatory surgery center	\$200 copay	\$250 copay	\$250 copay
Doctor Visits			
Primary	In-network \$15 copay Out-of-network \$15 copay	In-network \$15 copay Out-of-network \$15 copay	In-network \$15 copay Out-of-network \$15 copay
Specialist	In-network \$15 copay Out-of-network \$15 copay	In-network \$30 copay Out-of-network \$30 copay	In-network \$40 copay Out-of-network \$40 copay

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Preventive Care			
Routine physical exam	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered

For the next 11 benefits, the \$0 copay applies in-network and out-of-network for all three plans.

"Welcome to Medicare" preventive visit (if in the first 12 months on Part B)	\$0 copay	\$0 copay	\$0 copay
Annual Wellness Exam (if you had Part B for more than 12 months)	\$0 copay	\$0 copay	\$0 copay
Immunizations — Flu and pneumonia vaccines (shingles vaccine is covered under Medicare Part D)	\$0 copay	\$0 copay	\$0 copay
Mammogram screening	\$0 copay	\$0 copay	\$0 copay
Pap smears and pelvic exams	\$0 copay	\$0 copay	\$0 copay
Prostate cancer screening exam	\$0 copay	\$0 copay	\$0 copay
Bone mass measurement	\$0 copay	\$0 copay	\$0 copay
Diabetes screening	\$0 copay	\$0 copay	\$0 copay
Preventive colorectal cancer screening	\$0 copay	\$0 copay	\$0 copay
Cardiovascular screening	\$0 copay	\$0 copay	\$0 copay
Resources to stop using tobacco	\$0 copay	\$0 copay	\$0 copay

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Emergency / Urgent Care — Network does not apply			
Emergency care — Copay is waived if admitted to the hospital within 24 hours for the same condition; then inpatient hospital copay would apply	\$50 copay	\$75 copay	\$75 copay
Urgently needed services — Medically necessary and immediately required as a result of an unforeseen illness, injury or condition	\$25 copay	\$35 copay	\$35 copay
Diagnostic Tests, Radiation Therapy, X-rays and Lab Services			
Diagnostic tests (e.g., MRI and CT scans), radiation therapy and X-rays	\$25 copay	\$25 copay	10% coinsurance
Lab services (e.g., Protime INR, cholesterol)	\$0 copay	\$0 copay	\$0 copay
Hearing Services			
Routine hearing exam	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered
Exam to diagnose and treat hearing/balance issues	\$0 copay	\$0 copay	\$40 copay
Hearing aids You are covered for two TruHearing brand hearing aids per year TruHearing aids are available in both Advanced and Premium models for two different copay amounts	\$699 copay per aid for Advanced Aids \$999 copay per aid for Premium Aids \$75 additional cost per aid for rechargeable style Premium Aids	\$699 copay per aid for Advanced Aids \$999 copay per aid for Premium Aids \$75 additional cost per aid for rechargeable style Premium Aids	\$699 copay per aid for Advanced Aids \$999 copay per aid for Premium Aids \$75 additional cost per aid for rechargeable style Premium Aids
Fitting and evaluation of hearing aids You are covered for three per year	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Routine Dental Services (included in your plan at no additional premium)			
Two oral examinations per calendar year	Paid in full	Paid in full	Paid in full
Three cleanings per calendar year	Paid in full	Paid in full	Paid in full
Bitewing X-rays every 12 months	Paid in full	Paid in full	Paid in full
Full mouth X-rays every 5 years	Paid in full	Paid in full	Paid in full
Topical application of fluoride in conjunction with a routine cleaning or examination	Paid in full	Paid in full	Paid in full
Optional Dental Add more dental services for an additional \$22 per month.			
Plan name	Classic Choice Dental	Classic Choice Dental	Classic Choice Dental
Deductible	\$50 per year (not applicable for some services)	\$50 per year (not applicable for some services)	\$50 per year (not applicable for some services)
Annual maximum	\$1,200*	\$1,200*	\$1,200*
Basic services • Silver or resin fillings • Emergency treatment for relief of pain (minor procedures) • General anesthesia or IV sedation	20% coinsurance	20% coinsurance	20% coinsurance
Endodontics • Root canal therapy on permanent teeth, including pulpotomies • Indirect pulp-cap • Root canal retreatment (mutually exclusive of final restoration)	20% coinsurance	20% coinsurance	20% coinsurance
Periodontal maintenance Deep cleaning of the gums	Already included in plan	Already included in plan	Already included in plan

*This annual maximum is per covered person, per coverage year in addition to the routine dental services provided in your UCare Medicare Group Plans. You will get the most coverage when you use a network dentist. UCare Medicare Group Plans use the Delta Dental Medicare Advantage Network administered by Delta Dental of Minnesota.

For dental limitations and exclusions, see page 27 – 28.

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Other periodontics <ul style="list-style-type: none"> • Full-mouth debridement • Non-surgical periodontics: Procedures necessary for the treatment of diseases of the gingival tissues (gums) • Surgical periodontics: The surgical procedures necessary for the treatment of the gingival tissues (gums) and bone supporting the teeth 	20% coinsurance	20% coinsurance	20% coinsurance
Oral/maxillofacial surgery <ul style="list-style-type: none"> • Surgical and non-surgical extractions for tooth removal, including pre- and post-operative care • Bone grafting as part of surgical procedure 	20% coinsurance	20% coinsurance	20% coinsurance
Major restorative services <ul style="list-style-type: none"> • Emergency services — major procedures • Special restorative procedures to restore lost tooth structure as a result of tooth decay or fracture • Crowns, when the amount of lost tooth structure does not enable the placement of a filling material • Cast onlays for treatment of severe carious lesions and severe fractures when the tooth cannot be restored with amalgam, porcelain or plastic crown 	50% coinsurance	50% coinsurance	50% coinsurance

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Prosthetics <ul style="list-style-type: none"> • Repairs and adjustments on removable and fixed bridges, standard partial dentures, and full dentures for the replacement of fully extracted permanent teeth 	50% coinsurance	50% coinsurance	50% coinsurance
Implant services <ul style="list-style-type: none"> • Surgical placement of an implant body to replace single missing natural anterior (front) tooth • Porcelain or ceramic crown over implant body 	50% coinsurance	50% coinsurance	50% coinsurance

For dental limitations and exclusions, see page 27 – 28..



Protect your teeth

Classic Choice Dental is available with select UCare Medicare Group Plans. Optional dental coverage is an additional \$22 per month.

You can enroll in this extra dental coverage when you complete your health plan enrollment form and during your first covered month. After that, you can enroll annually for coverage beginning January 1.

Unlike most other dental plans, UCare Medicare Group Plans include out-of-network coverage. If you receive services from an out-of-network licensed provider, you're responsible for submitting your bills and paying the cost share and any difference between the dentist's fees and the allowable amount.

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Vision Services			
Routine eye exam You are covered for one routine eye exam and up to two refractions every year	In-network \$0 copay Out-of-network Not covered	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	\$0 copay
Exam to diagnose and treat diseases and conditions of the eye (\$0 copay for yearly glaucoma screening)	\$0 copay	\$0 copay	\$40 copay
Eyeglasses or contact lenses after cataract surgery	\$0 copay	\$0 copay	\$0 copay
Annual allowance for eyeglasses or contacts at any provider	\$150 per calendar year	\$150 per calendar year	Not covered
Mental Health Services			
Inpatient hospital stay (90 days limit per stay) Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.	\$100 copay per inpatient admission; then 100% covered	\$200 copay per inpatient admission; then 100% covered	\$300 copay per day (days 1-5); then 100% covered
Outpatient mental health care	In-network \$15 copay Out-of-network \$15 copay	In-network \$30 copay Out-of-network \$30 copay	In-network \$40 copay Out-of-network \$40 copay

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Skilled Nursing Facility Care (or swing bed)^			
Covered services include but are not limited to: semiprivate room and necessary skilled medical services at network facilities; private rooms are covered if medically necessary; including physical therapy, occupational therapy and speech-language pathology. With all of our UCare Medicare Group Plan options, we waive the three-day Medicare-covered hospital stay that is required by Medicare and many of our competitors. This means you may have access to coverage in more situations.	\$0 copay per day for days 1–20; \$100 copay per day for days 21–100; per benefit period No prior hospitalization is required	\$0 copay per day for days 1–20; \$100 copay per day for days 21–100; per benefit period No prior hospitalization is required	\$0 copay per day for days 1–20; \$100 copay per day for days 21–100; per benefit period No prior hospitalization is required
Physical therapy			
Physical therapy	In-network \$15 copay Out-of-network \$15 copay	In-network \$30 copay Out-of-network \$30 copay	In-network \$40 copay Out-of-network \$40 copay
Ambulance (within the U.S. and its territories) Includes air and/or ground if transport and level of service are medically necessary and meet Medicare guidelines	In-network \$100 copay Out-of-network \$100 copay	In-network \$100 copay Out-of-network \$100 copay	In-network \$200 copay Out-of-network \$200 copay
Transportation (non-emergency)	Not covered	Not covered	Not covered
Medicare Part B Drugs^ Generally, drugs that must be administered by a health professional	20% coinsurance	20% coinsurance	20% coinsurance
Chiropractic services^ • Covers visits for manual manipulation of the spine to correct subluxation • Must use a ChiroCare network provider	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered	In-network \$0 copay Out-of-network Not covered

^Service requires pre-authorization

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Podiatry services • Treatment of injuries and diseases of the feet • Routine foot care for members with certain medical conditions affecting the lower limbs	In-network \$15 copay Out-of-network \$15 copay	In-network \$30 copay Out-of-network \$30 copay	In-network \$40 copay Out-of-network \$40 copay
Over-the-counter (OTC) allowance OTC items available via mail order, online, or in-store purchase at participating retail locations (e.g., pain relief, first aid supplies)	\$25 per quarter	\$25 per quarter	\$25 per quarter
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	In-network 20% coinsurance Out-of-network Not covered
Prosthetic devices (e.g., braces, colostomy bags and supplies)	\$0 copay	\$0 copay	20% coinsurance
Diabetic supplies • Continuous blood glucose monitors • Other glucose monitors • Test strips and lancets <i>(Insulin and syringes covered under Medicare Part D)</i>	20% coinsurance \$0 copay \$0 copay	20% coinsurance \$0 copay \$0 copay	20% coinsurance \$0 copay \$0 copay

^Service requires pre-authorization

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
UCare AnywhereSM coverage when you travel			
UCare Medicare Group Plans travel with you. UCare Anywhere covers you wherever you travel in the U.S. when you get care from any provider that accepts Medicare.			
Within the U.S. these services have the same copay as in-network services			
Primary	\$15 copay	\$15 copay	\$15 copay
Specialist	\$15 copay	\$30 copay	\$40 copay
Physical therapy	\$15 copay	\$30 copay	\$40 copay
Outpatient mental health care	\$15 copay	\$30 copay	\$40 copay
Most other non-emergency services received out-of-network	20% coinsurance	20% coinsurance	20% coinsurance
Emergency care — Copay is waived if admitted to the hospital within 24 hours for the same condition; then inpatient hospital copay would apply	\$50 copay	\$75 copay	\$75 copay
Urgently needed services — Medically necessary and immediately required as a result of an unforeseen illness, injury or condition	\$25 copay	\$35 copay	\$35 copay
Ambulance (within the U.S. and its territories) Includes air and/or ground if transport and level of service are medically necessary and meet Medicare guidelines	\$100 copay	\$100 copay	\$200 copay

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Worldwide Emergency Care			
Applies to care outside the United States and U.S. territories Coverage 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.	\$50 copay	\$75 copay	\$75 copay
Ground ambulance for emergency transportation to the nearest appropriate hospital for emergency care	\$100 copay	\$100 copay	\$200 copay

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

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Medicare Part D Coverage (included with these plan options at no additional premium)			
Cost Sharing for Deductible — You pay the full cost of your drugs until you reach this amount	Tier 1 = \$0 Tiers 2-4 = \$100	Tier 1 = \$0 Tiers 2-4 = \$200	Tier 1 = \$0 Tiers 2-4 = \$400
Initial Coverage Phase — From \$0 to \$4,020 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 on 90-day prescriptions than standard network pharmacies.			
Tier 1 Generic drugs	Retail — 30-day supply: \$10 copay	Retail — 30-day supply: \$12 copay	Retail — 30-day supply: \$12 copay
Tier 2 Preferred brand drugs	Retail — 30-day supply: \$40 copay	Retail — 30-day supply: \$45 copay	Retail — 30-day supply: \$45 copay
Tier 3 Non-preferred drugs	Retail — 30-day supply: \$100 copay	Retail — 30-day supply: \$100 copay	Retail — 30-day supply: \$100 copay
Tier 4 Specialty drugs	Retail — 30-day supply: 30% coinsurance	Retail — 30-day supply: 25% coinsurance	Retail — 30-day supply: 25% coinsurance

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 short-term (30-day supply) or long-term (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](https://www.ucare.org) 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 UCare Medicare Group Plans Evidence of Coverage.

	UCARE GROUP HIGH	UCARE GROUP CORE	UCARE GROUP BASIC
Coverage Gap			
Once you have reached \$4,020 in annual prescription drug spending (your cost plus UCare's cost), you pay as shown	You have no coverage gap with this option. Drugs continue to be covered in the above tiers until you reach the Catastrophic Stage.	You pay up to a \$12 copay per Tier 1 drug; 25% of Tier 4 generic drugs; and 25% of the cost of brand drugs	You pay 25% of the cost of generic drugs, and 25% of the cost of brand name drugs
Catastrophic Coverage			
Once you have reached \$6,350 in annual prescription drug spending (excluding UCare's cost), you pay as shown	You pay The greater of \$3.60 or 5% coinsurance for generic drugs The greater of \$8.95 or 5% coinsurance for all other drugs	You pay The greater of \$3.60 or 5% coinsurance for generic drugs The greater of \$8.95 or 5% coinsurance for all other drugs	You pay The greater of \$3.60 or 5% coinsurance for generic drugs The greater of \$8.95 or 5% coinsurance for all other drugs

Extra Help for 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 1-877-486-2048), 24/7
- Social Security Administration at 1-800-772-1213 (TTY 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 Part D coverage because their yearly income is over certain amounts.



Preferred Pharmacies

More savings — Pay less for a 90-day supply of your drugs at more than 23,000 pharmacies, including CVS/Target, Costco, Cub Foods and Sam's Club/Walmart

To find a preferred pharmacy in your plan network, use the "search network" tool at [ucare.org](https://www.ucare.org).

If you prefer, call for help or request a Provider and Pharmacy Directory at **1-877-598-6574**.

Standard Pharmacies

More choice — Access to more than 60,000 local and nationwide chain pharmacies, including Walgreens

Additional information

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Medicare Sales Specialist at 1-877-598-6574.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage, especially for those services for which you routinely see a doctor. Visit [ucare.org](https://www.ucare.org) or call 1-877-447-4385 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, you will likely have to select a new doctor.
- Review the pharmacy directory to make sure your pharmacy is in the network. If your pharmacy is not listed, you will likely need to select a new pharmacy to fill your prescriptions.

Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2021.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

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 provides extra support to members with short-term or complex health needs, and social service needs. A case manager is available to you based on such factors as your use of acute services, your health assessment or provider referral.

We offer care management to members with select diagnoses who transition to home from a hospital or skilled nursing facility. Care management may entail communication with a facility discharge planner, medication reconciliation, assistance with scheduling follow-up appointments, and ensuring home care services are in place if ordered by your provider. Case managers coordinate services across the continuum of health care. 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 of the covered services that need such approval include inpatient rehabilitation services, genetic molecular diagnosis test, spine surgery, bone growth stimulators and spinal cord stimulators. Other services that require pre-authorization are marked with an ^ in the chart. For more information on services that require prior authorization by your provider, go to [ucare.org](https://www.ucare.org).

The Benefits Chart section of the Evidence of Coverage includes this information for each of our UCare Medicare Plans. This information is also at [ucare.org](https://www.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.

Pre-authorization, or preservice review, means that before you get the service, your provider must provide information to UCare and request approval. If pre-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

- Home-delivered meals
- 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
- Eyeglasses (except some coverage included with our UCare Group High and Group Core plans), 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.

Optional dental coverage limitations

Endodontics: Limited to one (1) per tooth per lifetime.

Periodontics: Coverage is limited to one (1) non-surgical periodontal treatment and one (1) surgical periodontal treatment per quadrant every 36 months.

Oral/maxillofacial surgery: 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 five (5) year 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 five (5) years.

Implant services: Replacing a single missing anterior (front) tooth. Coverage for implants is limited to one per lifetime per tooth (also see Exclusion #19).

Optional dental coverage exclusions

While some of the exclusions shown below may be covered services under the terms of the Evidence of Coverage for non-dental services, the following are not covered dental services under this comprehensive dental benefit package:

1. Services rendered by dentists who have opted out or been excluded from Medicare are not eligible for reimbursement
2. Dental services that are not necessary or specifically covered
3. Hospitalization or other facility charges
4. Prescription drugs
5. Any dental procedure performed solely as a cosmetic procedure
6. Charges for dental procedures completed prior to the member's effective date of coverage
7. Anesthesiologist services
8. 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
9. 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
10. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions
11. Oral hygiene instruction and periodontal exam
12. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture
13. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the Evidence of Coverage
14. Analgesia (nitrous oxide)
15. Removable unilateral dentures
16. Temporary procedures
17. Splinting
18. Consultations by the treating provider and office visits
19. 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 the comprehensive dental benefit package for more than 24 months
20. Occlusal analysis, occlusal guards (night guards) and occlusal adjustments (limited and complete)
 21. Veneers (bonding of coverings to the teeth)
 22. Orthodontic treatment procedures
 23. Corrections to congenital conditions, other than for congenital missing teeth
 24. Athletic mouth guards
 25. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the EOC
 26. Space maintainers

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.

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

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.

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

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

විද්‍යාලය-සමාජ සේවා කමිටු කමිටු, සමාජ සේවා කමිටු, සමාජ සේවා කමිටු, සමාජ සේවා කමිටු, සමාජ සේවා කමිටු. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បរិវេណ។ ជូរ 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).



500 Stinson Blvd
Minneapolis MN 55413
612-676-6900 | 1-877-598-6574 | TTY 1-800-688-2534
8 am – 5 pm, Monday – Friday
ucare.org

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