

	 UCare for Seniors Value Plan H2459-001 Enrollment: 1-877-523-1518 Sales: 1-877-523-1518 • Service: 1-877-523-1515 TTY: 800-688-2534 www.ucare.org	 UCare for Seniors Value Plus Plan H2459-013 Enrollment: 1-877-523-1518 Sales: 1-877-523-1518 • Service: 1-877-523-1515 TTY: 1-800-688-2534 www.ucare.org
Counties in Plan Area	All 87 Minnesota counties.	All 87 Minnesota counties.
Hospital Inpatient	\$300 co-pay per admission for Medicare covered stays.	\$300 co-pay per admission for Medicare covered stays.
Physician/Outpatient	\$0 co-pay for each primary care doctor office visit for Medicare covered services. \$30 co-pay for each specialist visit for Medicare covered services.	\$0 co-pay for each primary care doctor office visit for Medicare covered services. \$30 co-pay for each specialist visit for Medicare covered services.
Emergency Services/ Urgent Care	World-wide emergency care: \$65 co-pay for each Medicare covered emergency room visit (co-pay is waived if admitted to the hospital for the same condition within 24 hours). Worldwide urgently needed care: \$25 co-pay per visit.	Worldwide emergency care: \$65 co-pay for each Medicare covered emergency room visit (co-pay is waived if admitted to the hospital for the same condition within 24 hours). Worldwide urgently needed care: \$25 co-pay per visit.
Preventive Services	\$0 co-pay for annual physical, routine hearing exam, routine vision exam, immunizations, cancer screenings, routine mammogram, pap smear, screening colonoscopy, and bone mass measurement.	\$0 co-pay for annual physical, routine hearing exam, routine vision exam, immunizations, cancer screenings, routine mammogram, pap smear, screening colonoscopy, and bone mass measurement.
Diagnostic Tests, X-rays and Lab Services	\$0 co-pay per procedure type for Medicare covered services received at a primary care or specialist clinic in our network; \$25 co-pay per procedure type for Medicare covered services at all other network providers.	\$0 co-pay per procedure type for Medicare covered services received at a primary care clinic or specialist in our network; \$25 co-pay per procedure type for Medicare covered services at other network providers.
Physical/Speech/ Occupational Therapy	Physical therapy, occupational therapy, and speech-language pathology: \$30 co-pay per visit for Medicare covered services.	Physical therapy, occupational therapy, and speech-language pathology: \$30 co-pay per visit for Medicare covered services.
Home Health Care	\$0 co-pay for Medicare covered visits.	\$0 co-pay for Medicare covered visits.
Mental Health	Inpatient: \$300 co-pay per admission for Medicare covered stays. Outpatient: \$30 co-pay for Medicare covered individual/group visits.	Inpatient: \$300 co-pay per admission for Medicare covered stays. Outpatient: \$30 co-pay for Medicare covered individual/group visits.
Mental Health Lifetime Maximum	190 days in a psychiatric hospital.	190 days in a psychiatric hospital.
Chemical Dependency	Inpatient: \$300 co-pay per admission for Medicare covered stays. Outpatient: \$25 co-pay for Medicare covered individual/group visits.	Inpatient: \$300 co-pay per admission for Medicare covered stays. Outpatient: \$25 co-pay for Medicare covered individual/group visits.
Skilled Nursing Care	Days 1-20: \$0 co-pay for Medicare covered stays. Days 21-100: \$125 co-pay each day for Medicare covered stays.	Days 1-20: \$0 co-pay for Medicare covered stays. Days 21-100: \$125 co-pay each day for Medicare covered stays.
Durable Medical Equipment	20% co-insurance for the cost of each Medicare covered item.	20% co-insurance for the cost of each Medicare covered item.
Dental	No coverage.	No coverage.
Chiropractic	\$0 co-pay for Medicare covered visits (manual manipulation of the spine to correct subluxation only). Must use network chiropractor.	\$0 co-pay for Medicare covered visits (manual manipulation of spine to correct subluxation only). Must use network chiropractor.

Travel Benefit	Worldwide emergency care: \$65 co-pay. Worldwide urgently needed care: \$25 co-pay. Out of network: non-urgent services covered under Point-of-Service (POS) which is 80% of the Medicare approved amount within the U.S. until a \$20,000 member out-of-pocket maximum/year. (There is also a \$100,000 plan benefit maximum/year specific to this POS benefit).	Worldwide emergency care: \$65 co-pay. Worldwide urgently needed care: \$25 co-pay. Out-of-network: non-urgent services covered under Point-of-Service (POS) which is 80% of the Medicare approved amount within the U.S. until a \$20,000 member out-of-pocket maximum/year. (There is also a \$100,000 plan benefit maximum/year specific to this POS benefit).
Part B Drugs	Members pay a \$50 co-pay, or the cost of the drug(s) if less, per office visit for Part B drugs infused or administered in a physician's office or outpatient setting. Members pay a \$25 co-pay per generic drug or \$50 co-pay per brand-name drug at a retail pharmacy, or the cost of the drug if less.	Members pay a \$50 co-pay, or the cost of the drug(s) if less, per office visit for Part B drugs infused or administered in a physician's office or outpatient setting. Member's pay a \$25 co-pay per generic drug or \$50 co-pay per brand-name drug at a retail pharmacy, or the cost of the drug if less.
Part D Outpatient Prescriptions		
Mail Order Available	Does not apply.	Yes
Shingles Vaccine	Does not apply.	Yes
Shingles Vaccine Out of Pocket Costs	Does not apply.	Covered as a Tier 2 preferred brand name drug, as indicated under "Preferred Brand" coverage.
Donut Hole Coverage	Does not apply.	Some
Donut Hole Coverage Additional Info	Does not apply.	Does not apply.
Number of Pharmacies in MN that Participate	Does not apply.	Approximately 50,000.
Deductible	Does not apply.	\$0
Tier 1 Retail pharmacy:	Does not apply.	Generic drugs: \$10 co-pay for a 30 day supply; \$20 co-pay for a 90 day supply of maintenance drugs at many retail network pharmacies. Co-pays apply to first \$2,930 of annual drug costs.
Tier 1 Mail Order:	Does not apply.	Generic drugs: \$10 co-pay for a 30 day supply of maintenance drugs; \$20 co-pay for a 90 day supply of maintenance drugs. Co-pays apply to first \$2,930 of annual drug costs.
Tier 2 Retail pharmacy:	Does not apply.	Preferred Brand drugs: \$35 co-pay for a 30 day supply; \$70 co-pay for a 90 day supply of maintenance drugs at many retail network pharmacies. Co-pays apply to first \$2,930 of annual drug costs.
Tier 2 Mail Order:	Does not apply.	Preferred Brand drugs: \$35 co-pay for a 30 day supply of maintenance drugs; \$70 co-pay for a 90 day supply of maintenance drugs. Co-pays apply to first \$2,930 of annual drug costs.
Tier 3 Retail pharmacy:	Does not apply.	Brand drugs: \$70 co-pay for a 30 day supply; \$140 co-pay for a 90 day supply of maintenance drugs at many retail network pharmacies. Co-pays apply to first \$2,930 of annual drug costs.
Tier 3 Mail Order:	Does not apply.	Brand drugs: \$70 co-pay for a 30 day supply of maintenance drugs; \$140 co-pay for a 90 day supply of maintenance drugs. Co-pays apply to first \$2,930 of annual drug costs.

Tier 4 Retail pharmacy:	Does not apply.	Specialty drugs: 25% co-insurance; co-insurance applies to first \$2,930 of annual drug costs.
Tier 4 Mail Order:	Does not apply.	Specialty drugs: 25% co-insurance for maintenance drugs; co-insurance applies to first \$2,930 of annual drug costs.
Extra Services	None	Mail order through Express Scripts.
Discounts/Special Programs	UCan! Activity Network with health club savings, a do-it-yourself kit, and fitness classes. Health Connection Nurse Line available 24/7. Discount hearing aid network. Weight Watchers online discount.	UCan! Activity Network with health club savings, a do-it-yourself kit, and fitness classes. Health Connection Nurse Line available 24/7. Discount hearing aid network. Weight Watchers online discount.
Number of Providers In-Network	7,019 physicians; 16,526 specialists; 230 hospitals.	7,019 physicians; 16,526 specialists; 230 hospitals.
Enrollment Status/ Health Screening	Enrollment open during annual, initial and special election periods, if eligible. No health screening, except for End-Stage Renal Disease.	Enrollment open during annual, initial and special election periods, if eligible. No health screening, except for End-Stage Renal Disease.
Referrals Needed	No	No
Annual Out-of-Pocket Maximum	\$3,400 for Medicare-covered services each year (excludes Point-of-Service).	\$3,400 for Medicare-covered services each year (excludes Medicare Part D, Point-of-Service).
Monthly Premium	\$43. Does not include Part D.	\$84

Quick Tips

#17: What is a Private Fee-For-Service (PFFS) plan?

Medicare Private Fee-for-Service Plan is a Medicare Advantage Plan offered by a private insurance company. In a Medicare Private Fee-for-Service Plan, Medicare pays a set amount of money every month to the private insurance company to provide health care coverage to people with Medicare on a fee-for-service arrangement. Also, the insurance company, rather than the Medicare Program, decides how much you pay for the services you get.

Some PFFS Plans contract with a network of providers who agree to always treat you even if you've never seen them before.

Out-of-network doctors, hospitals, and other providers may decide not to treat you even if you've seen them before.

For each service you get, make sure your doctors, hospitals, and other providers agree to treat you under the plan, and accept the plan's payment terms.

In an emergency, doctors, hospitals, and other providers must treat you.

Quick Tips

#18: Do you know about the Minnesota Office of Ombudsman for Long-term Care?

- The Ombudsman provides information and consultation about your rights that apply to long-term care facilities, home and community based settings and home care services. Call 1-800-657-3591.


Quick Tips

#19: NEW: 5-Star Special Enrollment Period

Medicare uses information from member satisfaction surveys, plans, and health care providers to give overall performance star ratings to plans. A plan can get a rating between one to five stars. A 5-star rating is considered excellent. These ratings help you compare plans based on quality and performance.

Starting December 8, 2011, you can switch to a 5-star Medicare Advantage Plan at any time during the year.

- The overall plan star ratings are available at www.medicare.gov/find-a-plan.
- You can only join a 5-star Medicare Advantage Plan if one is available in your area.
- You can only use this special enrollment period to switch to a 5-star plan one time each year.
- You can't use this period to join a Medicare Cost Plan.
- There are no 5-star Medicare Advantage Plans in Minnesota. There is a 5-star Stand Alone Prescription Drug Plan in Minnesota.

	 UCare for Seniors Classic Plan H2459-002 Enrollment: 1-877-523-1518 Sales: 1-877-523-1518 • Service: 1-877-523-1515 TTY: 800-688-2534 www.ucare.org	 UCare for Seniors Standard D Plan H2459-018 Enrollment: 877-523-1518 Sales: 1-877-523-1518 • Service: 1-877-523-1515 TTY: 800-688-2534 www.ucare.org
Counties in Plan Area	All 87 Minnesota counties.	All 87 Minnesota counties.
Hospital Inpatient	\$150 co-pay per admission for Medicare covered stays.	\$500 co-pay per admission for Medicare covered stays.
Physician/Outpatient	\$0 co-pay for each primary care doctor office visit for Medicare covered services. \$15 co-pay for each specialist visit for Medicare covered services.	\$0 co-pay for each primary care doctor office visit for Medicare covered services. \$35 co-pay for each specialist visit for Medicare covered services.
Emergency Services/ Urgent Care	Worldwide emergency care: \$65 co-pay for each Medicare covered emergency room visit (co-pay is waived if admitted to the hospital for the same condition within 24 hours). Worldwide urgently needed care: \$20 co-pay per visit.	Worldwide emergency care: \$65 co-pay for each Medicare covered emergency room visit (co-pay is waived if admitted to the hospital for the same condition within 24 hours). Worldwide urgently needed care: \$25 co-pay per visit.
Preventive Services	\$0 co-pay for annual physical exam, routine hearing exam, routine vision exam, immunizations, cancer screenings, routine mammogram, pap smear, screening colonoscopy, and bone mass measurement.	\$0 co-pay for annual physical, routine hearing exam, routine vision exam, immunizations, cancer screenings, routine mammogram, pap smear, screening colonoscopy, and bone mass measurement.
Diagnostic Tests, X-rays and Lab Services	\$0 co-pay for Medicare covered services.	\$0 co-pay per procedure type for Medicare covered services at a primary care or specialist clinic in our network; \$35 co-pay per procedure type for Medicare covered services at other network providers.
Physical/Speech/ Occupational Therapy	Physical therapy, occupational therapy, and speech-language pathology: \$15 co-pay per visit for Medicare covered services.	Physical therapy, occupational therapy, and speech-language pathology: \$35 co-pay per visit for Medicare covered services.
Home Health Care	\$0 co-pay for Medicare covered visits.	\$0 co-pay for Medicare covered visits.
Mental Health	Inpatient: \$150 co-pay per admission for Medicare covered stays. Outpatient: \$15 co-pay for Medicare covered individual/group visits.	Inpatient: \$500 co-pay per admission for Medicare covered stays. Outpatient: \$35 co-pay for Medicare covered individual/group visits.
Mental Health Lifetime Maximum	190 days in a psychiatric hospital.	190 days in a psychiatric hospital.
Chemical Dependency	Inpatient: \$150 co-pay per admission for Medicare covered stays. Outpatient: \$0 co-pay for Medicare covered individual/group visits.	Inpatient: \$500 co-pay per admission for Medicare covered stays, Outpatient: \$35 co-pay for Medicare covered individual/group visits.
Skilled Nursing Care	Days 1-20: \$0 co-pay for Medicare covered stays. Days 21-100: \$75 co-pay for Medicare covered stays.	Days 1-20 : \$0 co-pay for Medicare covered stays. Days 21-100 : \$125 co-pay each day for Medicare covered stays.
Durable Medical Equipment	20% co-insurance for the cost of each Medicare covered item.	20% co-insurance for the cost of each Medicare covered item.
Dental	\$0 co-pay for preventive services including oral exam twice per year and routine cleaning three per calendar year, bitewing x-rays every 12 months, and full mouth x-rays every 5 years. Optional comprehensive dental plan available for additional \$21/month.	No coverage.

Chiropractic	\$0 co-pay for Medicare covered visits (manual manipulation of spine to correct subluxation only). Must use network chiropractor.	\$0 co-pay for Medicare covered visits (manual manipulation of spine to correct subluxation only). Must use a network chiropractor.
Travel Benefit	Worldwide emergency care: \$65 co-pay. Worldwide urgently needed care: \$20 co-pay. Out-of-network: non-urgent services covered under Point-of-Service which is 80% of the Medicare approved amount within the U.S. until a \$20,000 member out-of-pocket maximum/year. (There is also a \$100,000 plan benefit maximum in a calendar year specific to this POS benefit).	Worldwide emergency care: \$65 co-pay. Worldwide urgently needed care: \$25 co-pay. Out of network: non-urgent services covered under Point-of-Service (POS) which is 80% of the Medicare approved amount within the U.S. until a \$20,000 member out-of-pocket maximum in a calendar year. (There is also a \$100,000 plan benefit maximum in a calendar year specific to this POS benefit).
Part B Drugs	Members pay a \$50 co-pay or the cost of the drug(s) if less, per office visit for Part B drugs infused or administered in a physician's office or outpatient setting. Members pay a \$25 co-pay per generic drug or \$50 co-pay per brand-name drug at a retail pharmacy, or the cost of the drug if less.	Members pay a \$50 co-pay, or the cost of the drug(s) if less, per office visit for Part B drugs infused or administered in a physician's office or outpatient setting. Member's pay a \$25 co-pay per generic drug or \$50 co-pay per brand-name drug at a retail pharmacy, or the cost of the drug if less.
Part D Outpatient Prescriptions		
Mail Order Available	Yes	Yes
Shingles Vaccine	Yes	Yes
Shingles Vaccine Out of Pocket Costs	Covered as a Tier 2 preferred brand name drug, as indicated under "Preferred Brand" coverage.	Covered as a Tier 2 brand name drug, as indicated under "Brand Name" coverage.
Donut Hole Coverage	Some	Some
Donut Hole Coverage Additional Info	Does not apply.	Does not apply.
Number of Pharmacies in MN that Participate	Approximately 50,000.	Approximately 50,000.
Deductible	\$0	\$320
Tier 1 Retail pharmacy:	Generic drugs: \$10 co-pay for a 30 day supply; \$20 co-pay for a 90 day supply of maintenance drugs at many retail network pharmacies. Co-pays apply to first \$2,930 of annual drug costs.	Generic drugs: 25% co-insurance. After deductible is met, co-insurance applies to first \$2,930 of annual drug costs.
Tier 1 Mail Order:	Generic drugs: \$10 co-pay for a 30 day supply of maintenance drugs; \$20 co-pay for a 90 day supply of maintenance drugs. Co-pays apply to first \$2,930 of annual drug costs.	Generic drugs: 25% co-insurance for maintenance drugs. After deductible is met, co-insurance applies to first \$2,930 of annual drug costs.
Tier 2 Retail pharmacy:	Preferred Brand drugs: \$35 co-pay for a 30 day supply; \$70 co-pay for a 90 day supply of maintenance drugs at many retail network pharmacies. Co-pays apply to first \$2,930 of annual drug costs.	Brand drugs: 25% co-insurance. After deductible is met, co-insurance applies to first \$2,930 of annual drug costs.
Tier 2 Mail Order:	Preferred Brand drugs: \$35 co-pay for a 30 day supply of maintenance drugs; \$70 co-pay for a 90 day supply of maintenance drugs. Co-pays apply to first \$2,930 of annual drug costs.	Brand drugs: 25% co-insurance for maintenance drugs. After deductible is met, co-insurance applies to first \$2,930 of annual drug costs.
Tier 3 Retail pharmacy:	Brand drugs: \$70 co-pay for a 30 day supply; \$140 co-pay for a 90 day supply of maintenance drugs at many retail network pharmacies. Co-pays apply to first \$2,930 of annual drug costs.	Does not apply.

Tier 3 Mail Order:	Brand drugs: \$70 co-pay for a 30 day supply of maintenance drugs; \$140 co-pay for a 90 day supply of maintenance drugs. Co-pays apply to first \$2,930 of annual drug costs.	Does not apply.
Tier 4 Retail pharmacy:	Specialty drugs: 25% co-insurance; Co-insurance applies to first \$2,930 of annual drug costs.	Does not apply.
Tier 4 Mail Order:	Specialty drugs: 25% co-insurance for maintenance drugs; Co-insurance applies to first \$2,930 of annual drug costs.	Does not apply.
Extra Services	Mail order through Express Scripts.	Mail order through Express Scripts.
Discounts/Special Programs	\$500 hearing aid benefit every 36 months. \$75 annual eyewear benefit. UCan! Activity Network with health club savings, a do-it-yourself kit, and fitness classes. Health Connection Nurseline available 24/7. Discount hearing aid network. Weight Watchers online discount.	UCan! Activity Network with health club savings, a do-it-yourself kit, and fitness classes. Health Connection Nurse Line available 24/7. Discount hearing aid network, Weight Watchers online discount.
Number of Providers In-Network	7,019 physicians, 16,526 specialists, 230 hospitals.	7,019 physicians; 16,526 specialists; 230 hospitals.
Enrollment Status/ Health Screening	Enrollment open during annual, initial and special election periods, if eligible. No health screening, except for End-Stage Renal Disease.	Enrollment open during annual, initial and special election periods (if eligible). No health screening, except for End-Stage Renal Disease.
Referrals Needed	No	No
Annual Out-of-Pocket Maximum	\$3,400 for Medicare-covered services each year (excludes Medicare Part D, Point-of-Service, eyewear, hearing aids, and dental).	\$3,400 for Medicare-covered services each year (excludes Medicare Part D, Point-of-Service, eyewear, hearing aids, and dental).
Monthly Premium	\$137	\$54

Quick Tips

#20: Go to www.MinnesotaHelp.info for help finding human services, financial assistance and other forms of help.

- It is especially rich in resource information for seniors, caregivers, people with disabilities, parents, families and low income people.

Quick Tips

#21: Free Credit Report

- Every consumer is entitled by law to one free credit report each year. Visit the Federal Trade Commission (FTC) at www.annualcreditreport.com or call 1-877-322-8228 to request your credit reports.

What is the Part D Late Enrollment Penalty?

The late enrollment penalty is an amount that's added to your Part D premium. You may owe a late enrollment penalty if at any time after your initial enrollment period is over, there is a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage.

Note: if you get Extra Help, you don't pay a late enrollment penalty.

Here are a few ways to avoid paying a penalty:

- **Join a Medicare drug plan when you're first eligible.** You won't have to pay a penalty, even if you've never had prescription drug coverage before.
- **Don't go 63 days or more in a row without a Medicare drug plan or other creditable coverage.** Creditable prescription drug coverage could include drug coverage from a current or former employer or union, TRICARE, Indian Health Service, the Department of Veterans Affairs, or health insurance coverage. Your plan must tell you each year if your drug coverage is creditable coverage. This information may be sent to you in a letter or included in a newsletter from the plan. Keep this information, because you may need it if you join a Medicare drug plan later.
- **Tell your plan about any drug coverage you had if they ask about it.** When you join a Medicare drug plan, and the plan believes you went at least 63 days in a row without other creditable prescription drug coverage, the plan will send you a letter. The letter will include a form asking about any drug coverage you had. Complete the form and return it to your drug

plan. If you don't tell the plan about your creditable prescription drug coverage, you may have to pay a penalty.

How Much More Will You Pay?

The cost of the late enrollment penalty depends on how long you didn't have creditable prescription drug coverage. Currently, the late enrollment penalty is calculated by multiplying 1% of the "national base beneficiary premium" (\$32.34 in 2011) times the number of full, uncovered months that you were eligible but didn't join a Medicare drug plan and went without other creditable prescription drug coverage. The final amount is rounded to the nearest \$.10 and added to your monthly premium. Since the "national base beneficiary premium" may increase each year, the penalty amount may also increase every year. You may have to pay this penalty for as long as you have a Medicare drug plan.

Example: Mrs. Jones didn't join when she was first eligible – by May 15, 2007. She joined a Medicare drug plan within effective date of January 1, 2011. Since Mrs. Jones didn't join when she was first eligible and went without other creditable drug coverage for 43 months (June 2007-December 2010), she will be charged a monthly penalty of \$13.90 in 2011 ($\$32.34 \times .01 = \$3.234 \times 43 = \13.90) in addition to her plan's monthly premium.

After you join a Medicare drug plan, the plan will tell you if you owe a penalty, and what your premium will be.