



Health Talk

Your journey to better health

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Winter 2023

United
Healthcare
Community Plan

What's inside

Our Member Services team is here to help you. See Page 2 for a story about how we helped a member get her medication.



Health + Wellness

What is WIC?

Support for feeding your family

The Women, Infants and Children (WIC) program is for women who are pregnant or have just given birth. It is also for nursing mothers, infants and children up to age 5. It provides a check, voucher or card each month to buy healthy food options. Foods include milk, cheese, eggs, whole grains and peanut butter. You can also get beans, fruits, vegetables, juice and more. Visit fns.usda.gov/wic to learn more and see if you or your children are eligible.



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Dinner time. Make a soup with pantry staples. Visit uhc.care/wintersoup for easy ideas.

UnitedHealthcare Community Plan
12700 Whitewater Drive
Minnetonka, Minnesota 55343

UNHC-068-MN-CAID-EN
CSMN23MD0093205_000

Everyday Life

Over-the-counter benefits

Save money at the pharmacy

Prices are getting higher for many of the things you need. Do you purchase over-the-counter (OTC) medications? These are items you can buy without a prescription. They include:

- Sinus and allergy medicine
- Pain relievers such as Tylenol, Advil or aspirin
- Vitamins
- Cough medicine
- Heartburn medicine
- First-aid cream
- Contraceptives
- Products to help you quit smoking

Your health plan may be able to save you money. You may have benefits that reduce the cost of OTC medications.



istock.com/kwangmozaa



Save today. Call Member Services toll-free at the phone number on Page 4 to learn how to use your OTC medication benefits.

Member Experience

A helping hand

When you have issues with your health coverage, we're here to help. A member with diabetes was having trouble getting medication for her insulin pump. So, she called Member Services.

Member Services worked with the doctor's office and pharmacy. They got the information needed to approve the request. The member was able to get her medicine.

The member was very thankful for the help. She now knows she can contact the case manager for any future needs. This kind of help from Member Services is available to all members.



Support when you need it. Call Member Services toll-free at the phone number on Page 4. We're here to help.



Did you know?

Your benefits may include transportation services to and from your medical visits. Call Member Services toll-free at the phone number on Page 4 to learn more.

Covered Care

Are you due for care?

Screenings and vaccines keep your family healthy

Preventive care is important. It helps you and your family stay healthy. Preventive care includes routine screenings and vaccines. Here are some your family may be due for.



Cervical cancer screening

Women between the ages of 21 and 29 should get a Pap smear every 3 years. Then Pap and HPV tests every 5 years between ages 30 and 65. Testing can end at age 65 for women with a history of normal Pap results.



Developmental and behavioral screenings

These screenings make sure your child is developing properly. They look at your child's movement, language, emotions, behavior and thinking. They should be done when your child is 9 months old, 18 months old, and 24 or 30 months old. They can also be done anytime you have a concern.



Childhood vaccines

Vaccines are one of the best ways you can protect your child from serious diseases. The Centers for Disease Control and Prevention (CDC) has a list of recommended vaccines. They also have a schedule of when your child should get them. For more information, visit [cdc.gov/vaccines](https://www.cdc.gov/vaccines).



Influenza (flu) vaccine

Everyone 6 months and older should get a flu shot every year. It is available in the fall and winter months. It's not too late to get one this flu season.



COVID-19 vaccine

The CDC recommends everyone stay up to date with their COVID-19 vaccines. Everyone 6 months and older should get all primary series doses. Everyone ages 5 and older should also get a booster dose. Updated booster shots are available. They protect against more recent variants of the virus. Before you get one, you should wait at least 2 months after your last COVID-19 vaccine. Or wait 3 months after the last time you had COVID-19.



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Member Resources

Here for you

We want to make it as easy as possible for you to get the most out of your health plan. As our member, you have many services and benefits available to you.

Member Services: Get help with your questions and concerns. Find a health care provider or urgent care center, ask benefit questions or get help scheduling an appointment, in any language (toll-free).
1-888-269-5410, TTY 711

Our website: Our website keeps all your health information in one place. You can find a health care provider, view your benefits or see your member ID card, wherever you are.
myuhc.com/communityplan

UnitedHealthcare app: Access your health plan information on the go. View your coverage and benefits. Find nearby network providers. View your member ID card, get directions to your provider's office and much more.

Download on the App Store or Google Play

NurseLine: Get health advice from a nurse 24 hours a day, 7 days a week, at no cost to you (toll-free).
1-800-718-9066, TTY 711

Quit For Life: Get help quitting smoking at no cost to you (toll-free).
1-866-784-8454, TTY 711
quitnow.net

Transportation: Call Member Services to ask about rides to and from your medical and pharmacy visits. To schedule a ride, call at least 2 business days before your appointment. You may be able to get a ride within 30 miles of your home for primary care and 60 miles for specialty care.
1-888-444-1519, TTY 711

Care Management: This program is for members with chronic conditions and complex needs. You can receive phone calls, home visits, health education, referrals to community resources, appointment reminders, transportation assistance and more (toll-free).
1-888-269-5410, TTY 711

Live and Work Well: Find articles, self-care tools, caring providers, and mental health and substance use resources.
liveandworkwell.com

Healthy First Steps®: Get support throughout your pregnancy and rewards for timely prenatal and well-baby care (toll-free).
1-800-599-5985, TTY 711

Sanvello: This health and well-being app has resources like guided journeys, coping tools and community support. Download the app. Create an account. Choose "upgrade through insurance." Search for and select UnitedHealthcare. Enter the information on your member ID card.
sanvello.com

Go digital: Sign up for email, text messages and digital files to receive your health information more quickly.
myuhc.com/communityplan/preference

Civil Rights Notice

Discrimination is against the law. UnitedHealthcare Community Plan of Minnesota does not discriminate on the basis of any of the following:

- Race
- Color
- National origin
- Creed
- Religion
- Sexual orientation
- Public assistance status
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)
- Marital status
- Political beliefs
- Medical condition
- Health status
- Receipt of health care services
- Claims experience
- Medical history
- Genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UnitedHealthcare Community Plan of Minnesota. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
Toll Free: **1-888-269-5410**, TTY **711**
Email: **UHC_Civil_Rights@uhc.com**

Auxiliary Aids and Services: UnitedHealthcare Community Plan of Minnesota provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact Member Services at 1-888-269-5410.**

Language Assistance Services: UnitedHealthcare Community Plan of Minnesota provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact Member Services at 1-888-269-5410.**

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UnitedHealthcare Community Plan of Minnesota. You may also contact any of the following agencies directly to file a discrimination complaint.

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

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

- Race
- Color
- National origin
- Age
- Disability
- Sex
- Religion (in some cases)

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

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

Customer Response Center: Toll-free: 800-368-1019

TDD Toll-free: 800-537-7697

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

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

- Race
- Color
- National origin
- Religion
- Creed
- Sex
- Sexual orientation
- Marital status
- Public assistance status
- Disability

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

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104

Voice: 651-539-1100

Toll free: 800-657-3704

MN Relay: 711 or 800-627-3529

Fax: 651-296-9042

Email: Info.MDHR@state.mn.us

Minnesota Department of Human Services (DHS)

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

- Race
- Color
- National origin
- Religion (in some cases)
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)

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

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

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

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

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

American Indian Health Statement

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

1-888-269-5410, TTY 711

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

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအား အခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။*

កំណត់សម្គាល់៖ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះ ដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

ဟ်သုဉ်ဟ်သး. နမ့ၢ်လိာ်ဘၣ်တၢ်မၤစၢၤကလီၢ်နၤလၢ တၢ်ကကွဲးကျိးထံဝဲဒၣ် လံာ်တီလံာ်မိတခါအံၤအဃိ ကိးလိတဲစိနိာ်ဂံၢ် လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ ວິ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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