



Health Talk

Your journey to better health



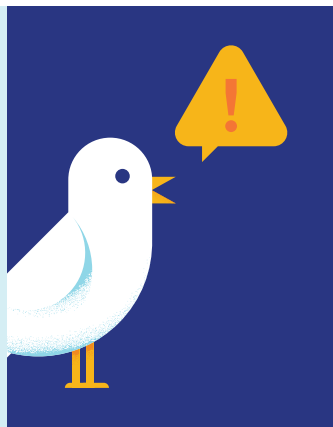
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Summer 2023

United
Healthcare
Community Plan

Renew today

Did you know? Medical Assistance needs to be renewed every year. Turn to Page 2 to learn more.



Healthy eating

What's in season?

How to find cheaper fruits and vegetables

Summer is when fresh fruits and vegetables are at their best. Here are 2 places you can shop to save money on them:

- **Farmer's markets.** Many have low prices and accept benefits like SNAP or WIC cards.
- **Online services like Misfits Market and Imperfect Foods.** They deliver fresh produce at lower prices.



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Medical Assistance plans

Keep your coverage

Be sure to renew your Medical Assistance eligibility

Medical Assistance is a state program. Every state has different rules. One rule they share is that members need to renew each year. You will need to provide information to your state. This will help them decide if you or your family members can still have Medical Assistance.

Your state will tell you when to renew. They call it renewal. Make sure they can reach you. Give them your current address, email and phone number. You must reply when they contact you. If you don't, you could lose your coverage.

Keep in mind that Medical Assistance eligibility requirements may have changed. Some rules made for COVID-19 may not apply anymore. If you find you're no longer eligible for Medical Assistance, you may be able to stay covered. You may be able to get a new health plan through mnsure.org or your job. Find more information at uhc.com/staycovered.

Routine vaccinations

Don't wait to vaccinate

Children and teens need to see their doctor each year for a checkup. It's important for their health, and their school may require it.

One of the things the doctor will do at this visit is give your child any vaccines they need. If your child is missing any of the shots your state requires, they may not be allowed to start school in the fall. Even if your child had all their baby immunizations, there are more needed for school-age kids, such as:

- **COVID-19 and Flu:** Recommended each year
- **Tdap:** Age 11-12
- **HPV:** Age 11-12
- **Meningococcal:** Age 11-12 and age 16





Men's health

Preventive care to keep you healthy

Men face some unique health problems that don't affect women. But many of the top causes of death in men are preventable. You can work with your doctor to control some risk factors. You can also lower your risk with lifestyle. See your doctor every year for a checkup. Ask what screenings and vaccines you are due for.

	Preventive Care	Lifestyle
Heart disease	Get your blood pressure and cholesterol checked. If high, work with your doctor to lower them.	Exercise. Don't smoke. Eat a balanced diet.
Diabetes	Have lab tests for glucose and A1C. If high, work with your doctor to lower them.	Keep a healthy weight. Limit sugar.
Cancer	Get screened for prostate, skin and colorectal cancer. Ask if lung cancer screening is right for you.	Don't smoke. Limit alcohol. Eat high-fiber foods.
Infectious diseases	Get immunized. Get checked for hepatitis and HIV.	Practice safe sex.



Quit vaping

Put down that vape

E-cigarettes are as unhealthy as regular cigarettes

A 2022 study¹ found that more than 2.5 million teenagers use e-cigarettes, or vapes. This is about 14% of high schoolers and 3% of middle schoolers. Of those, 1 in 4 vape every day, and 85% use flavored products.

People often think e-cigarettes are safer than regular cigarettes. This is not true. Both contain nicotine, which is addictive. One Juul pod has as much nicotine as a whole pack of cigarettes.

Vaping is dangerous for both children and adults. While it has some of the same long-term risks as cigarettes, it can also cause sudden lung damage in people of any age. This can be permanent or deadly.

¹ Centers for Disease Control and Prevention (CDC), 2022.



istock.com/SbyrovatMN

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 get phone calls, home visits, health education, referrals to community resources, appointment reminders, help with rides 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
uhchealthyfirststeps.com

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.

ဟ်သျှ်ဟ်သး. နမ့ၢ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလီၣ်နၤလၢ တၢ်ကကွဲးကျိးထံဝဲဒၣ် လံာ်တီလံာ်မိတခါအံၤအပိ ကိးလိတဲစိနိၣ်ဂံၢ် 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.