

Statement 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.

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).



500 Stinson Blvd
Minneapolis, MN 55413
612-676-6532 | 1-833-276-1188 | TTY 1-800-688-2534
8 am – 5 pm, Monday – Friday
ucare.org

U10068 (08/2022)

2023 UCare Medicare Supplement Plans Comparison Chart

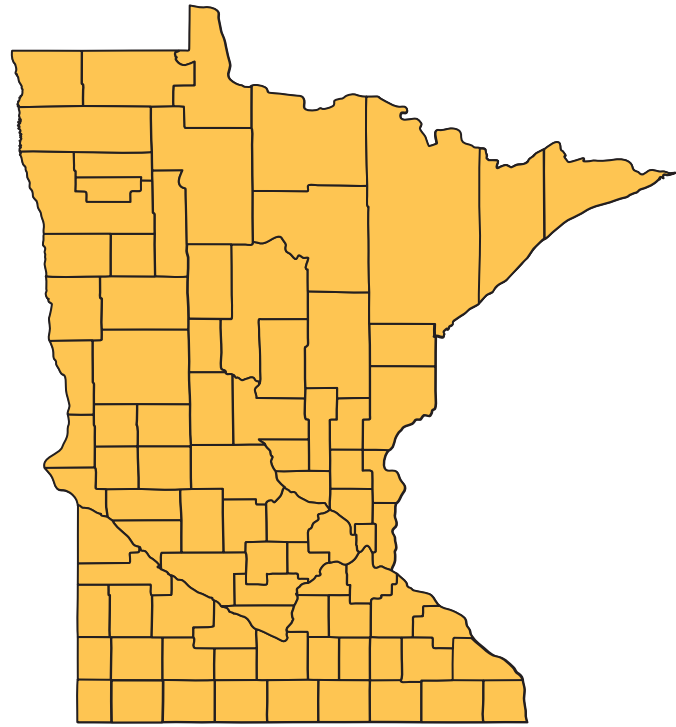


Plan Options

UCare Medicare Supplement Basic

UCare Medicare Supplement Extended Basic

UCare Medicare Supplement with \$20/\$50 Copay



UCare Medicare Supplement Plans are available in all 87 counties in Minnesota.

UCare Medicare Supplement Plans:

- Pay for costs Medicare doesn't cover like deductibles, copays and coinsurance
- Travel with you, even if you live in another state part of the year
- Include extra benefits like the One Pass fitness program and quit program for tobacco and nicotine

Choose the plan that's right for you.

This chart helps you compare costs and coverage to find a plan that fits your needs and budget.

If you'd rather talk through your options with an expert, our de-complicators are ready to help.



612-676-6532 or
1-833-276-1188 toll free

8 am – 5 pm,
Monday – Friday

TTY users call
612-676-6810 or
1-800-688-2534 toll free



online

ucare.org

Available to all applicants

Must be first eligible for Medicare before 2020

	UCare Medicare Supplement Basic	UCare Medicare Supplement Extended Basic*	UCare Medicare Supplement with \$20/\$50 Copay	UCare Medicare Supplement Extended Basic*
2023 monthly premium	Non-Smoker: \$190 Smoker: \$219	Non-Smoker: \$237 Smoker: \$273	Non-Smoker: \$200 Smoker: \$230	Non-Smoker: \$256 Smoker: \$292
Medicare Part A skilled nursing facility coinsurance	✓	✓	✓	✓
Medicare Part A inpatient hospital deductible	Optional rider	✓	✓	✓
Part B deductible	Optional rider†	Not available	Not available	✓
Medicare Part B coinsurance or copay	✓	✓	Copays apply	✓
Medicare Part B excess charges	Optional rider	✓	Not available	✓
Foreign travel care	80%‡	80%	80%‡	80%
Preventive medical care (non-Medicare covered)	Optional rider \$120 maximum	\$120 maximum	Not available	\$120 maximum
Immunizations (not covered under Medicare Part D)	✓	✓	Not available	✓
Routine screening procedures for cancer including mammograms and Pap smears	✓	✓	✓	✓
One Pass fitness program	✓	✓	✓	✓

With the exception of the preventive medical care rider, optional riders cover at 100%.

*Plan pays 100% of covered services after you spend \$1,000 in out-of-pocket costs for a calendar year

†Medicare rules limit this benefit to those first eligible for Medicare before 1/1/2020

‡Emergency care only